

Perceptions of Psychopathy and Criminal Responsibility

By

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Abstract

In Canada, a person who performs an illegal act that is deemed to be the result of a mental disorder is eligible for the *not criminally responsible on account of mental disorder* (NCRMD) defence. In recent years, some researchers have argued that the presence of psychopathy may be sufficient for an individual to be considered not criminally responsible for his or her actions. As a result, the present study examines public opinion on this issue, as public opinion and policy change are inevitably related. A sample of 296 participants (224 women, 72 men) completed an online survey that assessed general attitudes toward the NCRMD defence, as well as perceptions of psychopathy as it relates to the defence. On average, participants viewed psychopathy as a mental illness, yet psychopaths were not believed to be eligible for the NCRMD defence and they were still considered responsible for their negative actions. Present findings also suggest that exposure to the types of arguments researchers have presented concerning a psychopath's criminal responsibility could influence public opinion. Implications and suggestions for future research are discussed.

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Introduction

In Canada, a person who performs an illegal act that is deemed to be the result of a mental disorder is eligible for the *not criminally responsible on account of mental disorder* (NCRMD) defence. In order to be considered for the defence, the mental illness must be deemed severe enough to impact either the defendant's knowledge of the nature and quality of the act performed, or the defendant's ability to understand the wrongfulness of the alleged act at the time it was performed (Criminal Code, R.S.C., 1985, c.46, s.16). However, a dilemma concerning the notion of criminal responsibility has emerged in recent years: should psychopaths be eligible for the NCRMD defence solely as a result of their psychopathy? In other words, should psychopathy be considered a mental disorder in the eyes of the law? Psychopaths can be violent and aggressive to achieve their goals, but they can also be extremely manipulative and masters of charm. Not only have they been found to have a drastically negative impact on work productivity, interpersonal relationships, and various other aspects of society, they also engage in high rates of violent crime, including homicide (Babiak, Neumann, & Hare, 2010; Boddy, 2013). Historically, psychopathy has not been considered a reasonable basis for the exclusion of the prosecution of individuals who have committed criminal acts (Morse, 2008). However, some have argued in recent years that perhaps psychopaths should not be held criminally responsible for their illegal actions (Morse, 2008).

An issue that must be addressed when considering the intersection of psychopathy and criminal responsibility is the potential implications of deeming psychopaths not criminally responsible. If psychopaths were to become eligible for the NCRMD defence,

there would be factors in need of consideration. The mental health court system focuses on the treatment, as opposed to incarceration, of mentally ill offenders. However, the question of whether or not psychopaths can successfully be treated remains largely unanswered and some researchers have found that certain treatments may actually lead to even more severe psychopathic tendencies (e.g., Rice, Harris, & Cormier, 1992). That being said, simply releasing psychopathic offenders back into the public with no repercussions for their actions would be an undoubtedly misguided option. Hence, the question remains: if psychopaths regularly become part of the mental health court system and are successful with NCRMD defences, how exactly will they be dealt with?

The present study aims to examine public opinion toward psychopathy in regard to criminal responsibility as public opinion is inextricably related to law and policy change, a notion that is further discussed below. Before the study is described in more detail, relevant background information is first discussed, including the history and current legislation of mentally ill offenders in Canada, a description of psychopathy and how the construct relates to the issue of criminal responsibility, and a short summary of attitude strength and susceptibility to change.

Legislation and Treatment of Mentally Ill Offenders in Canada

A brief history. Legislation dealing with mentally ill offenders, or “insane” offenders, as they were known until quite recently, did not exist in Canada until the 1800s (Pozzulo, Bennell, & Forth, 2015). Dealing with these “insane” offenders was considered a family matter. These offenders were typically sent home and their families were instructed to look after them. Eventually, two cases in Britain led to changes in the handling of offenders with mental illnesses in several parts of the world, including the

United States and, of great importance to this project, Canada (Moran, 1985).

The first of the two British cases was that of James Hadfield in the year 1800. Hadfield was caught during an assassination attempt on King George III, but he had previously suffered a brain injury in battle (Moran, 1985). His lawyer argued that he was “insane” at the time of the offence and the court came to a verdict that this was, in fact, true (Moran, 1985). Hadfield had to be set free, as there was no legislation to manage “insane” offenders at the time. Many individuals were not satisfied with the freeing of Hadfield, as they believed that the attempted murder of a king should not go unpunished (Moran, 1985). As a result, the Criminal Lunatics Act (1800) was established, which, for the first time, enabled the government to detain “insane” offenders who committed serious crimes (Moran, 1985).

The second important case occurred in the year 1843. A man named Daniel McNaughton shot one of the then British Prime Minister’s secretaries in the back, resulting in his death (Moran, 1985). McNaughton was charged with murder, but was found not guilty by reason of insanity (Moran, 1985). Several criteria relevant to the insanity plea were outlined during this case. It was determined that in order to be considered “insane” in the eyes of the court, the defendant must be found to be suffering from a defect of reason or disease of the mind, and the defendant must not know either the nature or quality of the act he or she was performing or that what he or she was doing was wrong (Pozzulo et al., 2015). These constructs quickly found their way into the Canadian justice system. In fact, they are still part of the NCRMD defence (Criminal Code, R.S.C., 1985, c.46, s.16). The laws governing “insane” offenders changed very little following the case of McNaughton. If an individual were found not guilty by reason

of insanity, that person would be automatically confined within an institution for an undetermined length of time (Ogloff & Schuller, 2001). Unfortunately, this approach focused on managing the offenders, not treating them. The system was widely regarded as inadequate and some people argued that detaining mentally ill individuals for an indeterminate amount of time was infringing on their basic human rights (Ogloff & Schuller, 2001).

With a widespread dissatisfaction toward the way “insane” offenders were handled and the subsequent emergence of Bill C-30 in 1992, the Canadian standard changed (Pozzulo et al., 2015). In this bill, Canada dropped the term *not guilty by reason of insanity* in favour of the more socially acceptable term *not criminally responsible on account of mental disorder* that is used today (Pozzulo et al., 2015). The Criminal Code of Canada was amended to include the following statement: “No person is criminally responsible for an act committed or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong” (Criminal Code, R.S.C., 1985, c.46, s.16, p. 37). Also, with Bill C-30 came the establishment of review boards, which were appointed the duty of determining the appropriate disposition for each mentally ill offender, as well as reevaluating each offender from time to time (Pozzulo et al., 2015).

Since the enactment of Bill C-30, there have been slight alterations. For example, in 1999, the Supreme Court of Canada stated that any offenders who have been determined not criminally responsible on account of mental disorder should not be detained unless they are considered a danger to the public (Pozzulo et al., 2015). Also, reviews of the Canadian justice system in regard to mentally ill offenders took place in

2002 and 2007 with the goal of improving the legislation and making the general public safer, while providing mentally ill offenders with the most appropriate treatment (Pozzulo et al., 2015).

The current legislation. In order to be considered for the NCRMD defence today, the defendant must be found to have a mental disorder that was severe enough at the time to impact his or her knowledge of the nature and quality of the act performed or the defendant must have been unaware of the wrongfulness of the act as a result of the mental disorder (Criminal Code, R.S.C., 1985, c.46, s.16). The Criminal Code of Canada defines the term *mental disorder* as a “disease of the mind” (Criminal Code, R.S.C., 1985, c.46, s.2, p. 8). Justice Dickson stated in the case of *R. v. Cooper* (1980):

. . .[I]n a legal sense ‘disease of the mind’ embraces any illness, disorder or abnormal condition which impairs the human mind and its functioning, excluding however, self-induced states caused by alcohol or drugs, as well as transitory mental states such as hysteria or concussion. In order to support a defence of insanity the disease must, of course, be of such intensity as to render the accused incapable of appreciating the nature and quality of the violent act or of knowing that it is wrong. (p. 1159)

Thus, it is determined by the judge on a case-by-case basis whether a given condition is considered to be a mental disorder due to the broad definition of the term and a lack of predetermined categories for what conditions could potentially be regarded as mental disorders in the eyes of the law. As a result, a wide range of conditions, including personality disorder (*R. v. Simpson*, 1977), psychomotor epilepsy (*R. v. O’Brien*, 1978), and arteriosclerosis (i.e., hardening of the arteries; *R. v. Kemp*, 1957), have been

considered diseases of the mind in past court cases.

Before a decision is made regarding a defendant's criminal responsibility, qualified personnel must first complete a full psychological assessment to determine the mental state of the defendant at the time of the offence (Pozzulo et al., 2015). Typically included in this assessment is the Rogers Criminal Responsibility Assessment Scales (R-CRAS; Rogers, 1984). The R-CRAS examines five different facets: patient reliability, organicity (i.e., possible biological underpinnings to abnormal behaviours), psychopathology, cognitive control, and behavioural control (Rogers, 1984). As with any psychological assessment, the clinician must take everything into consideration, from the R-CRAS scores to the physical presentation of the defendant, before making a final decision on criminal responsibility (Pozzulo et al., 2015).

In cases where a NCRMD defence is successful, different options are considered in regard to the treatment of the defendant. The option that the court deems most appropriate is based on the defendant's current mental state and an evaluation of the level of threat he or she presents to the public (Pozzulo et al., 2015). The defendant may be granted an absolute discharge, meaning he or she is released without restrictions (Criminal Code, R.S.C., 1985, c.46, s.672.54). This occurs in cases where the criminal behaviour is reasonably determined to be an isolated incident resulting from a severe episode of the mental illness and should not happen again as long as the individual receives the proper treatment (Crocker, Nicholls, Charette, & Seto, 2014; Pozzulo et al., 2015). Alternatively, the defendant could be granted a conditional discharge, where he or she is released from custody but must meet certain conditions and is monitored to ensure these conditions are upheld (Criminal Code, R.S.C., 1985, c.46, s.672.54). The

restrictions put into place during a conditional discharge may include such things as not possessing firearms or not possessing any drug or pharmaceutical that was not specifically prescribed to the defendant (Crocker et al., 2014; Pozzulo et al., 2015).

Finally, in cases where discharging the defendant is not deemed appropriate, the defendant may be admitted to a psychiatric facility (Criminal Code, R.S.C., 1985, c.46, s.672.54). This final disposition typically occurs when the defendant is still considered to be a risk to him or herself, or to others, as a result of severe, ongoing symptoms of the mental illness (Crocker et al., 2014).

Until recently, the chosen disposition was required to be the “least onerous and least restrictive” for the defendant (Crocker et al., 2014, p. 579). This meant that if there was evidence from an expert to suggest that the defendant was more likely than not to reoffend or to be a danger to the self or others, the court was obligated to grant the individual an absolute discharge (Crocker et al., 2014). It was only if there was an indication of the defendant’s prospective threat that the court could hand down the disposition of either a conditional discharge or institutionalization (Crocker et al., 2014). However, Bill C-14 (previously called Bill C-54) was introduced in 2013 and has since been enacted (Bill C-14, An Act to amend the Criminal Code and the National Defence Act [Bill C-14], 2014). This Bill removed the “least onerous and least restrictive” requirement when deciding on the appropriate disposition, created a separate category of mentally ill offenders who are considered “high risk,” and added new procedures that require victims and/or victims’ families to be notified when defendants are discharged (Bill C-14, 2014).

Except in the case of an absolute discharge, review boards regularly assess the

condition of the defendant to determine if a change in disposition is necessary or if any other further action is appropriate (Pozzulo et al., 2015). In Canada, these boards consist of a minimum of five individuals who are appointed provincially by the lieutenant governor of each province (Criminal Code, R.S.C., 1985, c.46, s.672.38). One member must be a registered psychiatrist and a second member must have training and experience in the field of mental health (Criminal Code, R.S.C., 1985, c.46, s.672.39). The chairperson of the board must be a judge, a retired judge, or somebody who is qualified to be a judge (Criminal Code, R.S.C., 1985, c.46, s.672.4). They are required to meet at least once per year to review each case of NCRMD (Pozzulo et al., 2015).

In terms of a mentally ill offender's disposition, the review board takes into consideration several factors. First, public safety is an important concern for review boards (Pozzulo et al., 2015). They have to ensure that they are not allowing an offender to reenter the general public if there is a significant risk of reoffending. Closely related to this consideration is the mental state of the defendant (Pozzulo et al., 2015). If the defendant is experiencing clear psychotic symptoms, then proper treatment must be provided immediately. Alternatively, if the defendant is deeply affected by the realization of what he or she did, there may be a risk to the self, which must be addressed. The main goal of the system is to rehabilitate mentally ill offenders and ensure they receive the proper treatment, therefore decreasing the likelihood that these individuals will go on to commit further offences and increasing public safety (Pozzulo et al., 2015).

An important development for the treatment of mentally ill offenders has been the emergence of mental health courts. The main goal of these courts is to divert mentally ill offenders into the mental health system and out of the prison system (Hiday,

Wales, & Ray, 2013; Pozzulo et al., 2015). Mental health courts attempt to rehabilitate offenders instead of punishing them, and they also place a lot of emphasis on proper assessment and treatment (Hiday et al., 2013; Pozzulo et al., 2015). These courts also do their best to ensure that mentally ill offenders experience a smooth integration back into society (Hiday et al., 2013; Pozzulo et al., 2015). Some individuals do not need much guidance after they are released, as they have homes and strong support systems. Others need much more guidance. Depending on the specific person in question, mental health courts may provide clothing, find somewhere for the individual to stay, and/or put into place an extensive treatment plan that may or may not include providing consistent outpatient care (Hiday et al., 2013; Pozzulo et al., 2015). In order for the courts to be able to provide these services, they commonly team up with a variety of community organizations, and the rehabilitation of mentally ill offenders is often seen as a community effort (Hiday et al., 2013; Pozzulo et al., 2015). Additionally, studies show that offenders with mental illnesses fare better if they stay within the mental health care system than if they are subjected to the criminal justice system (Dirks-Linhorst & Linhorst, 2012; Hiday et al., 2013; Lim & Day, 2014; McNiel & Binder, 2007).

Knowledge and attitudes. Though it is important to possess a basic understanding of the current laws and policies concerning mentally ill offenders in order to fully comprehend the present research, it is also important to address public knowledge and attitudes on the topic. There have been very few studies looking at public attitudes and beliefs toward the NCRMD defence in Canada. That being said, the insanity defence in locations outside of Canada, namely the United States, has received much more research. There seems to be some widespread, yet inaccurate, beliefs toward the insanity

defence. For example, some literature shows that many Americans believe that the insanity defence is overused and that too many people get away with their crimes because they inappropriately, yet successfully, plead not guilty by reason of insanity (Schlumper, 2011). This belief could likely be due to inaccurate portrayals of the insanity plea in the media. In practice, the defence is used quite sparingly (Schlumper, 2011). Although it is not necessarily uncommon for somebody to attempt the defence, only a small percentage of these defences actually make it to trial (Schlumper, 2011). Further, the safeguards and procedures put into place to assess an individual's criminal responsibility have been demonstrated to be very effective and it is a rare occurrence that somebody is inaccurately deemed not guilty by reason of insanity (Schlumper, 2011). Another common belief is that once a person is acquitted of a crime by reason of insanity, they are simply set free (Schlumper, 2011). In one study, three out of every four participants believed that once there is a verdict of insanity, the defendant is unconditionally released without any further consultation from mental health professionals (Schlumper, 2011). This finding suggests that many individuals have inaccurate information about the different possible dispositions in these cases, believing every person deemed not criminally responsible is automatically granted an absolute discharge or is not held accountable within the forensic mental health system.

Research specifically looking at overall attitudes toward the insanity defence exists, but little research has been completed recently. Findings from several decades ago suggested that the general attitude toward the insanity defence in the United States was negative at the time (Hans, 1986). Furthermore, there was little to no relationship between attitudes toward the defence and basic demographic variables, such as age or sex

(Hans, 1986). Although these are important findings, it must be kept in mind that the attitudes today may be very different than the attitudes from over thirty years ago. Also, it cannot be forgotten that the study in question focused on the insanity defence outside of Canada. That being said, results from a recent study in Canada suggest that the overall attitude toward the NCRMD defence may actually be slightly positive (Power, 2015).

Psychopathy

Moving away from the general topic of mentally ill offenders in Canada, a subset of the population crucial to the present research will now be discussed - psychopaths.

Conceptualization. Though psychopathy is a term that has emerged relatively recently, it is believed that aspects of what we would now consider psychopathy have been referenced since biblical times (Rotenberg & Diamond, 1971). In the early 1800s, Pinel used the term *manie sans délire* to refer to a condition believed to consist of the presence of mania without delusional thinking, or more broadly, psychological disturbance without disordered thoughts (Horley, 2014). Some consider the appearance of Pinel's construct to mark the onset of the development of today's conceptualizations of psychopathy (Horley, 2014). Following Pinel, several individuals, including Pritchard, Lombroso, and Kraepelin, began to discuss features included in, or relevant to, the modern view of the psychopath (Moreira, Almeida, Pinto, & Fávero, 2014). However, it was arguably the influence of Hervey Cleckley in the 1900s that led to a major increase in the curiosity toward, and current understanding of, psychopathy.

Cleckley relied on several case studies to describe what he considered the psychopathic personality. Initially, his case studies exclusively described men, but he later included women in his work. Cleckley originally identified 21 basic characteristics

of psychopathy (Cleckley, 1941). After several revisions to the number and content of these characteristics, 16 were ultimately selected (Cleckley, 1976). These characteristics, collectively referred to as his clinical profile, are: 1) superficial charm and good intelligence, 2) absence of delusions and other signs of irrational thinking, 3) absence of nervousness or psychoneurotic manifestations, 4) unreliability, 5) untruthfulness and insincerity, 6) lack of remorse or shame, 7) inadequately motivated antisocial behavior, 8) poor judgment and failure to learn by experience, 9) pathologic egocentricity and incapacity for love, 10) general poverty in major affective reactions, 11) specific loss of insight, 12) unresponsiveness in general interpersonal relations, 13) fantastic and uninviting behavior with drink and sometimes without, 14) suicide threats rarely carried out, 15) sex life impersonal, trivial, and poorly integrated, and 16) failure to follow any life plan (Cleckley, 1976). Cleckley's profile of psychopathic individuals has been extremely influential in the development of today's conceptualizations of psychopathy.

Robert Hare is a prominent psychopathy researcher, considered by many to be one of the most significant psychopathy experts currently in the field. Often citing Cleckley's work as inspiration for his own (Hare & Neumann, 2008), Hare has developed perhaps the best known and most widely used conceptualization of psychopathy today. According to Hare's model, psychopathy is made up of two factors: Factor 1 (Interpersonal/Affective) includes traits such as manipulateness and callousness; Factor 2 (Lifestyle/Antisocial) includes traits such as impulsiveness and criminal versatility (Hare, 2003). Since the emergence of Hare's conceptualization of psychopathy, research pertaining to these individuals has increased dramatically.

Criminal responsibility. As previously mentioned, the presence of psychopathy

is not typically seen as an acceptable reason for removing an individual's criminal responsibility (Morse, 2008). In fact, psychopathy is typically considered a risk factor for dangerousness and recidivism and therefore psychopaths often receive more severe sentences than nonpsychopaths for similar crimes (Morse, 2008). While it is certainly possible for a psychopath to receive an additional diagnosis of a separate mental illness that could qualify him or her for the NCRMD defence, some researchers (e.g., Freedman & Verdun-Jones, 2010) are now arguing that the presence of psychopathy alone may in fact be solid grounds for the consideration of deeming a defendant not criminally responsible for his or her illegal actions. It should be noted that because the term *mental disorder* is defined so broadly within the law, as discussed above, it is not impossible for judges to decide that psychopathy is a mental disorder in certain contexts. In actuality, "psychopathic personality" has been considered a disease of the mind in the past (*R. v. Rabey*, 1977). However, due to the fact that psychopathy is often seen as an aggravating factor for sentencing, it is not overly likely for a judge to currently consider the condition a mental disorder. That being said, it is not out of the realm of possibility that judges may begin to regard psychopathy as a mental disorder more often if some researchers continue to present arguments for removing a psychopath's criminal responsibility.

One major argument for deeming psychopaths not criminally responsible is the idea that they are not moral agents. This argument posits that psychopaths are not part of the moral community, as they cannot comprehend the difference between acts that are morally right and morally wrong (Blair, 1995; 1997; Blair, Jones, Clark, & Smith, 1995). They are able to understand rules and conventions, and what is considered legally wrong, but it may be the case that there is some deficit that leads to the inability to internalize

moral norms during crucial developmental stages (Fine & Kennett, 2004). However, recent research has suggested that this lack of moral understanding in psychopaths may not actually be the case. For example, Aharoni, Sinnott-Armstrong, and Kiehl (2014) found no relationship between psychopathy and performance on the Moral-Conventional Transgressions Task. This task requires participants to differentiate between acts that are considered morally wrong (e.g., physically harming someone) and acts considered wrong simply by conventional standards (e.g., breaking a school rule such as talking in class). Aharoni et al.'s (2014) finding suggests that perhaps psychopaths do understand the difference between moral rights and wrongs, but simply choose not to pay attention to moral standards.

Results from a separate study found that psychopathic inmates judged the permissibility of acts described in moral scenarios in the same manner as both nonpsychopathic inmates and healthy controls (Cima, Tonnaer, & Hauser, 2010). These findings held true for personal scenarios (i.e., requiring physical contact) and impersonal scenarios (i.e., not requiring physical contact), though personal acts were seen as less moral overall. There were also no group differences in ratings for whether or not the moral acts were self-serving or other-serving, though self-serving acts were seen as less moral across all groups. These findings suggest that there may not actually be differences in moral judgments between psychopaths and nonpsychopaths, and this may be true across multiple types of situations. That being said, the idea that psychopaths are not moral agents is a recurrent argument some researchers (e.g., Blair, 1995; 1997; Blair et al., 1995) provide for potentially deeming psychopaths not criminally responsible.

A second argument for deeming psychopaths not criminally responsible stems

from recent advances in neurobiological research. This argument is based on the fact that several neurobiological abnormalities have been found in psychopathic individuals compared to nonpsychopathic individuals. For example, the amygdala and orbitofrontal cortex have both been associated with fear processing and empathy, and psychopathic individuals tend to experience measurable dysfunction in these areas (Freedman & Verdun-Jones, 2010). Both fear processing and empathy have been theorized to play a role in moral socialization. As a result, perhaps the abnormal activity occurring in the amygdala and orbitofrontal cortex at least partially explains a psychopath's lack of concern about living up to moral standards. Further, abnormal levels of neurotransmitters, specifically serotonin and dopamine, have been associated with certain behavioural problems commonly seen in psychopathic individuals (Freedman & Verdun-Jones, 2010). Research suggests that psychopaths may chronically experience abnormal levels of both of these neurotransmitters. Therefore, it may be possible that psychopaths engage in the harmful behaviours they do as a result of these abnormal neurotransmitter levels. Whatever the case, some researchers (e.g., Freedman & Verdun-Jones, 2010) who argue that psychopaths should not necessarily be regarded as criminally responsible for their actions frequently discuss advances in neurobiological research to support their position.

Attitude Strength and Susceptibility to Change

To sufficiently appreciate the present research, it is important to not only understand the history and current treatment of mentally ill offenders and the construct of psychopathy, but also to have a fundamental understanding of attitude strength and change. According to the Causal Attitude Network (CAN) model, attitudes can be

conceived as networks of interacting feelings, beliefs, and behaviours, collectively referred to as evaluative reactions (Dalege et al., 2016). Attitudes can be changed through a variety of processes. In the case of this study, however, the most relevant process is through the presentation of persuasive arguments.

Strong attitudes are characteristically stable and resistant to change (Bassili, 2008; Dalege et al., 2016). Although there are several characteristics associated with attitude strength (Bassili, 2008), a suitable indicator of attitude strength for this study is extremeness (i.e., how near or far attitudes fall from the midpoint of a scale in self-report measures). Hence, people who indicate their attitudes as closer to the ends (extremes) of a given scale should, in theory, be more resistant to changes in these attitudes than people who indicate their attitudes as closer to the midpoint of the scale. Correspondingly, the closer to neutral any given attitude is, the easier it should be to change through the presentation of arguments (Bassili, 2008). Knowledge about the attitudinal object has been associated with the strength of the attitude as well, in the sense that knowledge intensifies the effect of attitude strength on susceptibility to change (Dalege et al., 2016). Put another way, strong attitudes combined with high levels of knowledge about the target object results in attitudes that are even more stable and resistant. It has also been suggested that experts are more likely to change people's attitudes through persuasive arguments than nonexperts, likely because people tend to believe that the opinion of an expert in a given field is relatively valid and has a reputable basis (Bohner, Ruder, & Erb, 2002).

The Present Study

In light of the current debate within the field of forensic psychology concerning

whether or not psychopaths should be held criminally responsible for their illegal actions, the purpose of the present study is to explore public perceptions on the topic.

Determining how the general population feels about psychopathy and criminal responsibility is very important, especially because laws and policies are often created and modified to reflect popular opinion. That said, popular opinion is not always supported by scientific knowledge. For instance, it has been argued that Bill C-14 was heavily influenced by a wave of highly publicized instances of violent crimes committed by individuals with mental illnesses in the recent past, including the widely known case of Vince Li in 2008 (e.g., Lacroix, O'Shaughnessy, McNiel, & Binder, 2017). It seems that these exceptional cases led to a generally negative public opinion toward the system that was in place at the time. There were multiple aspects of the Bill that several professionals argued would be detrimental to the treatment of mentally ill offenders (e.g., Canadian Bar Association, 2013; Lacroix et al., 2017). However, the Bill was still passed and enacted. Consequently, many believe that Bill C-14 was the result of attempting to please the uneducated public and not the result of systematic research (e.g., Lacroix et al., 2017). Hence, one would not be misguided to anticipate the emergence of bills that propose changes to the laws concerning a psychopath's criminal responsibility based on, or at least heavily influenced by, public opinion.

While it is true that laws are often influenced by public opinion, it is also the case that the opposite can apply. That is, the laws and policies of the time can also influence public opinion. For example, Pacheco (2013) found that members of the American public viewed cigarette smokers in a more negative light and considered exposure to secondhand smoke more dangerous after the enactment of smoking bans in restaurants in

the participants' respective states. Thus, not only could public attitudes and beliefs about psychopathy and criminal responsibility have a meaningful impact on the types of bills that emerge concerning the issue, but the passage of bills that may not have been heavily influenced by public opinion could actually affect how the public views psychopathy as well. For example, if a bill were to be proposed that aimed to treat psychopathic offenders as mentally ill offenders, qualifying psychopaths for the NCRMD defence, it is certainly possible that the public would follow suit and become more likely to consider psychopathy a mental illness and believe that psychopaths should be deemed not criminally responsible for their actions. Alternatively, if a bill emerged that aimed to create harsher punishments for psychopathic offenders, the public could potentially be less likely to view psychopathy as a mental illness and, correspondingly, be less likely to view psychopaths as eligible for the defence. Due to the reciprocal relationship between public opinion and law, it would be wise to determine how exactly members of the public view psychopathy in relation to criminal responsibility sooner rather than later.

An online survey was developed for the purpose of the present study to assess knowledge and attitudes toward psychopathy and criminal responsibility. By modifying selected questions from the Self-Report Psychopathy Scale-Fourth Edition (SRP IV; Paulhus, Hemphill, & Hare, 2016), a measure of psychopathy knowledge was created. The Insanity Defense Attitude Scale-Revised (IDA-R; Skeem, Louden, & Evans, 2004) was included, with slight revisions to reflect Canadian terminology, to measure general attitudes toward the NCRMD defence. Questions were also added to assess perceptions of psychopathy in relation to criminal responsibility (i.e., whether psychopathy was believed to be a mental illness, whether psychopaths were believed to be eligible for the

NCRMD defence, and whether psychopaths were seen as responsible for their negative actions). These questions were asked both before and after the presentation of one of four randomly assigned news articles, each depicting a homicide at the hands of a diagnosed psychopath, to determine participants' initial attitudes and to examine whether the information provided in the articles influenced these attitudes. The news article format was used in the present study to increase ecological validity, as the public tends to receive most of their information regarding crime and sentencing from news media (Roberts & Doob, 1990). Questions specifically based on the case described in the news article were also included to assess various aspects of how the event was perceived. These questions measured opinions of perpetrator responsibility, the extent of perpetrator mental illness, the necessity of criminal punishment, the perpetrator's NCRMD eligibility, NCRMD likelihood, and potential NCRMD success, the responsibility of the victim, as well as possible consequence suggestions. They were asked both directly after the news article was displayed as well as after the presentation of a brief paragraph about psychopathy to determine participants' initial perceptions and to examine whether acquiring more knowledge about the construct of psychopathy would affect how the event was perceived. A number of hypotheses and additional research questions were developed:

Hypothesis 1. A recent study suggested that the general attitude toward the NCRMD defence in Canada was slightly positive (Power, 2015). Hence, I hypothesized that this finding would be replicated in the present study (i.e., the overall attitude toward the NCRMD defence would be positive), as indicated by a score significantly lower than 76.00 (i.e., the midpoint) on the IDA-R.

Hypothesis 2. Strong attitudes are resistant to change, and extremeness (i.e., where ratings fall relative to the ends of a scale in self-report measures) is one indicator of attitude strength (Bassili, 2008). Thus, in terms of participants' attitudes toward psychopathy being a mental illness, psychopaths' eligibility for the NCRMD defence, and psychopaths' responsibility for their negative actions, I hypothesized that participants' initial attitude strength, as indicated by absolute extremeness (i.e., the absolute value when the midpoint of the scale is subtracted from participants' ratings), would be related to the effectiveness of the expert's argument in the assigned news article. More specifically, I hypothesized that participants with weaker initial attitudes would alter their attitudes in accordance with the argument provided by the expert in the assigned article to a greater extent than participants with stronger initial attitudes. Relatedly, I also hypothesized that initial attitude extremeness would affect attitude change differently across the four conditions, though exactly where these differences would occur was not hypothesized a priori as this idea was more exploratory in nature.

Additional research questions. The extent to which participants initially a) consider psychopathy a mental illness, b) believe psychopaths should be eligible for the NCRMD defence, and c) believe psychopaths are responsible for their negative actions are three very important research questions that the present study will address. It is also of interest whether these initial ratings will be related to participants' overall attitudes toward the NCRMD defence (i.e., IDA-R scores) and whether there will be any changes in these ratings after reading the news article, more specifically the expert quote. However, due to a lack of previous research on public perceptions toward psychopathy in relation to mental illness or criminal responsibility, no specific hypotheses were made

regarding these questions.

Determining whether there will be differences across the four variations of the news article in terms of ratings of perpetrator responsibility, the extent of perpetrator mental illness, the necessity of criminal punishment, the perpetrator's NCRMD eligibility, NCRMD likelihood, and potential NCRMD success, the responsibility of the victim, as well as open-ended consequence suggestions are all crucial components of the present research. Further, determining whether or not being presented with a short description of psychopathy will alter any of the ratings or consequence suggestions is of interest as well. Again, as there is a lack of previous research assessing perceptions of psychopaths and criminal responsibility, specific hypotheses were not developed.

Method

Participants

A sample of 296 participants (224 women, 72 men) was recruited from the Canadian general population using three online platforms: Kijiji, Facebook, and Reddit. The participants ranged from 18-80 years of age ($M = 28.41$, $SD = 10.87$). These participants agreed to voluntarily complete an online survey assessing knowledge of, and attitudes toward, psychopathy and criminal responsibility.

Scales

Self-Report Psychopathy Scale-Fourth Edition. The Self-Report Psychopathy Scale-Fourth Edition (SRP IV; Paulhus et al., 2016) consists of a series of statements about the self to which individuals rate their agreement on a Likert scale from 1 (*disagree strongly*) to 5 (*agree strongly*). The scale measures the following four facets of psychopathy: interpersonal manipulation (e.g., “I purposely flatter people to get them on my side,” $\alpha = .82$), callous affect (e.g., “I’m more tough-minded than other people,” $\alpha = .75$), erratic lifestyle (e.g., “I’m a rebellious person,” $\alpha = .78$), and antisocial behaviour (e.g., “I was convicted of a serious crime,” $\alpha = .69$). Of note, the reliability coefficients provided are as reported by Gordts, Uzieblo, Neumann, Van den Bussche, and Rossi (2017). Through borrowing traits and behaviours from each of the four subscales of the SRP IV, a measure was created to assess participants’ knowledge of psychopathy by indicating whether they believed the traits or behaviours described were indicative of psychopathy. For example, participants read the statement, “Psychopaths purposely flatter people to get them on their side” and then indicated whether they believed this statement was true or false.

Insanity Defense Attitude Scale-Revised. The Insanity Defense Attitude Scale-Revised (IDA-R; Skeem et al., 2004) consists of a series of statements about the American insanity defence to which individuals indicate the extent to which they agree or disagree using a Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*) (e.g., “I believe that people should be held responsible for their actions no matter what their mental condition”). The scale provides a total score (ranging from 19.00 to 133.00) for overall attitude toward the defence. Lower scores indicate more positive views of the defence while higher scores indicate more negative views. Hence, a score of 76.00 (the midpoint of the scale) would indicate a neutral attitude toward the defence. It should be noted that the language of the scale was modified for the present study to reflect the Canadian terminology of NCRMD (permission to do so was granted by the scale authors). No other modifications were made to the scale. However, as the language was altered, a reliability coefficient was calculated using the present data. It was determined that this version of the IDA-R had excellent internal consistency when used with the present Canadian sample ($\alpha = .94$).

Perceptions of psychopathy. Questions were included in the survey to assess whether participants believed psychopathy is a mental illness, whether psychopaths should qualify for the NCRMD defence, and whether psychopaths are responsible for their negative actions. Participants indicated how much they agreed or disagreed with each statement using a Likert scale. For example, participants read the statement, “Psychopathy is a mental illness” and indicated their level of agreement from 1 (*strongly disagree*) to 7 (*strongly agree*).

News article. Participants were presented with a news article depicting a

homicide and were asked a series of questions based on the article. These questions examined participants' opinions on perpetrator responsibility, the extent of perpetrator mental illness, the necessity of criminal punishment, the perpetrator's NCRMD eligibility, NCRMD likelihood, and potential NCRMD success, the responsibility of the victim, as well as appropriate consequences. The format of each of these questions was either a Likert scale or open-ended. For example, participants were asked, "How responsible is the perpetrator for what he did?" with possible answers ranging from 1 (*not at all responsible*) to 7 (*completely responsible*), and "What would a suitable consequence be?" in an open-ended format.

Procedure

Participants read an advertisement (see Appendix A) for an online survey on Kijiji, Facebook, or Reddit that included a link to an informed consent page (see Appendix B). Upon providing consent, participants began the survey (see Appendix C). First, participants recorded their email address to enable them to be entered into a draw for a \$100 Tim Horton's gift card. Next, they provided their age, sex, and the highest level of education they had received. Participants then completed the HEXACO-60 (Ashton & Lee, 2009), the results of which are beyond the scope of this project. Participants were then assessed on their knowledge of psychopathy by indicating whether they believed certain traits or behaviours, derived from the Self-Report Psychopathy Scale-Fourth Edition (SRP IV; Paulhus et al., 2016), were indicative of psychopathy. Participants then completed a slightly revised version of the Insanity Defense Attitude Scale-Revised (IDA-R; Skeem et al., 2004), which reflected the Canadian terminology of not criminally responsible on account of mental disorder rather than the American

terminology of not guilty by reason of insanity. Next, participants indicated whether or not they believed psychopathy is a mental illness, whether or not psychopaths should be eligible for the NCRMD defence, and whether or not psychopaths are responsible for their negative actions.

Participants then read one of four short news articles (see Appendix D) depicting a homicide. The articles stated that the man who committed the homicide completed a full psychological assessment and had been classified as a psychopath. All four articles were identical with the exception of a quote provided by an expert in the area of psychopathy. The expert in the mental illness condition (Condition A) argued that psychopathy is a mental illness and engaging in violent behaviours is not a psychopath's fault. This quote was largely based on the aforementioned neurobiological arguments for deeming psychopaths not criminally responsible (e.g., Freedman & Verdun-Jones, 2010). The expert in the not mental illness condition (Condition B) argued that psychopathy is not a mental illness and engaging in violent behaviours is not predetermined or out of a psychopath's control. This quote was created to reflect the longstanding idea that psychopathy is not a mental illness and that psychopaths should be held criminally responsible for their actions (Morse, 2008). The expert in the emotional deficit condition (Condition C) argued that psychopaths may lack the emotional capacity to feel bad for their actions, but they do not lack the cognitive ability to understand the difference between what is right and what is wrong. This quote was based on findings that suggest psychopaths understand moral rights and wrongs, but perhaps just do not care to pay attention to the distinction (e.g., Aharoni et al., 2014; Cima et al., 2010). There was no expert quote in Condition D. Participants' opinions on perpetrator responsibility, the

extent of perpetrator mental illness, the necessity of criminal punishment, the perpetrator's NCRMD eligibility, NCRMD likelihood, and potential NCRMD success, the responsibility of the victim, as well as appropriate consequences were then assessed.

Participants then answered the questions assessing whether or not they believed psychopathy is a mental illness, whether or not psychopaths should be eligible for the NCRMD defence, and whether or not psychopaths are responsible for their negative actions for a second time to determine whether the information provided in the news article, specifically the expert quote, would have an effect on these beliefs. Finally, participants read a short paragraph (see Appendix E) providing some background information on psychopathy and once again answered the questions specifically based on the news article they had previously read in order to determine whether acquiring information about the construct of psychopathy would have an effect on participants' perceptions of the case. All participants were shown a debriefing page (see Appendix F) and thanked for their participation upon completion of the survey.

Results

Results are organized to first address general attitudes toward the NCRMD defence (i.e., IDA-R scores). Ratings of whether psychopathy was seen as a mental illness, whether psychopaths should be eligible for the NCRMD defence, and whether psychopaths should be held responsible for their negative actions are then examined by relating these scores to the IDA-R, as well as analyzing the initial scores, the change in scores after reading the assigned news article, and the effect of initial attitude extremeness on attitude change. Answers to the questions specifically pertaining to the information provided in the news article are then analyzed, including both the initial scores and the change in scores after participants were presented with a brief paragraph that provided information about the construct of psychopathy. Of note, statistical assumptions were tested prior to commencing data analysis and no issues were found. For means, standard deviations, and bivariate correlations of the main study variables, see Table 1.

Attitudes Toward the NCRMD Defence

A neutral score on the IDA-R is 76.00. Scores lower than 76.00 indicate a positive attitude toward the NCRMD defence and scores higher than 76.00 indicate a negative attitude toward the defence. In the present study, the mean overall score on the IDA-R was 62.06 ($SE = 1.37$). Consistent with Hypothesis 1, a one-sample t-test determined that the mean overall score on the IDA-R was significantly lower than 76.00, $t(266) = -10.18, p < .001, d = -0.62$, indicating a somewhat positive attitude toward the NCRMD defence among the current sample.

Table 1. Overall means, standard deviations, and bivariate correlations of main study variables (1 of 3).

	<u>1</u>		<u>2</u>		<u>3</u>		<u>4</u>	
	a	b	a	b	a	b	a	b
Psychopathy								
1. Mental illness								
a. Time 1	-							
b. Time 2	.80***	-						
2. NCRMD eligibility								
a. Time 1	.49***	.42***	-					
b. Time 2	.44***	.46***	.82***	-				
3. Responsibility								
a. Time 1	-.19**	-.22***	-.44***	-.45***	-			
b. Time 2	-.16**	-.22***	-.46***	-.50***	.77***	-		
News article								
4. Responsibility								
a. Time 1	-.21**	-.25***	-.42***	-.53***	.53***	.57***	-	
b. Time 2	-.11	-.19**	-.33***	-.41***	.50***	.55***	.71***	-
5. Mental illness								
a. Time 1	.48***	.64***	.40***	.44***	-.30***	-.27***	-.25***	-.16*
b. Time 2	.55***	.72***	.40***	.45***	-.29***	-.26***	-.29***	-.18**
6. Necessity of punishment								
a. Time 1	-.24***	-.29***	-.47***	-.55***	.62***	.65***	.66***	.61***
b. Time 2	-.21**	-.24***	-.38***	-.48***	.58***	.54***	.58***	.62***
7. NCRMD eligibility								
a. Time 1	.36***	.44***	.65***	.80***	-.46***	-.50***	-.52***	-.40***
b. Time 2	.34***	.43***	.61***	.76***	-.40***	-.43***	-.48***	-.44***
8. NCRMD likelihood								
a. Time 1	.15*	.16**	.16*	.20**	-.09	-.04	-.01	.02
b. Time 2	.11	.11	.20**	.24***	-.12	-.06	-.12	-.03
9. NCRMD success								
a. Time 1	.22***	.22***	.32***	.43***	-.20**	-.19**	-.24***	-.10
b. Time 2	.19**	.19**	.22**	.35***	-.16*	-.16*	-.21**	-.12
10. Victim blame								
a. Time 1	.12	.17**	.03	.06	.07	.10	.08	.15*
b. Time 2	.14*	.20**	.10	.16*	-.02	.01	-.03	.07
Other								
11. IDA-R total score	-.06	-.09	-.19**	-.16**	.31***	.32***	.30***	.30***
12. Psychopathy knowledge	-.02	-.03	-.17**	-.21**	.16*	.22***	.16*	.15*
13. Age	-.03	-.08	-.07	-.06	-.06	-.01	.00	.03
14. Sex	.02	.01	.04	.04	-.04	-.03	-.08	.05
<i>M</i>	5.28	5.03	3.52	3.61	5.18	5.33	5.57	5.86
<i>SD</i>	1.69	1.81	1.86	1.93	1.57	1.53	1.50	1.18

* $p < .05$. ** $p < .01$. *** $p < .001$.

Perceptions of Psychopathy

Relation to IDA-R. To assess the relationship between general attitudes toward the NCRMD defence and perceptions of psychopathy in regard to criminal responsibility, responses to the items assessing perceptions of psychopathy were correlated with IDA-R

Table 1. Overall means, standard deviations, and bivariate correlations of main study variables (2 of 3).

	<u>5</u>		<u>6</u>		<u>7</u>		<u>8</u>	
	a	b	a	b	a	b	a	b
5. Mental illness								
a. Time 1	-							
b. Time 2	.78***	-						
6. Necessity of punishment								
a. Time 1	-.35***	-.33***	-					
b. Time 2	-.25***	-.27***	.81***	-				
7. NCRMD eligibility								
a. Time 1	.50***	.47***	-.61***	-.50***	-			
b. Time 2	.43***	.47***	-.59***	-.52***	.84***	-		
8. NCRMD likelihood								
a. Time 1	.15*	.10	-.05	-.03	.23***	.22**	-	
b. Time 2	.13	.12	-.12	-.05	.28***	.26***	.81***	-
9. NCRMD success								
a. Time 1	.30***	.24***	-.27***	-.22**	.46***	.41***	.56***	.55***
b. Time 2	.22**	.21**	-.23***	-.24***	.38***	.45***	.51***	.49***
10. Victim blame								
a. Time 1	.02	.10	.05	.04	.04	.10	.02	-.06
b. Time 2	.02	.12	-.01	.00	.07	.15*	.03	-.02
Other								
11. IDA-R total score	-.11	-.13*	.38***	.32***	-.20**	-.13*	.31***	.31***
12. Psychopathy knowledge	-.05	-.05	.21**	.22**	-.19**	-.19**	.02	-.01
13. Age	-.05	-.05	-.10	-.05	.02	-.06	.03	.01
14. Sex	.04	.03	-.12	-.12	.03	-.03	-.01	.01
<i>M</i>	4.90	4.80	5.66	5.70	3.46	3.53	5.20	5.07
<i>SD</i>	1.70	1.73	1.33	1.31	1.79	1.78	1.66	1.70

* $p < .05$. ** $p < .01$. *** $p < .001$.

scores. IDA-R scores were negatively correlated with participants' opinions that psychopaths should be eligible for the NCRMD defence, $r = -.19$, $n = 267$, $p = .002$, and positively correlated with participants' opinions that psychopaths are responsible for their negative actions, $r = .31$, $n = 267$, $p < .001$. Thus, the more negative people's attitudes were toward the NCRMD defence, the less likely they were to believe that psychopaths should be eligible for the defence and the more likely they were to believe that psychopaths are responsible for their negative actions. IDA-R scores were not related to participants' opinions that psychopathy is a mental illness.

Initial scores. One-sample t-tests were conducted to determine whether initial answers to the three questions assessing attitudes toward psychopathy in regard to

Table 1. Overall means, standard deviations, and bivariate correlations of main study variables (3 of 3).

	<u>9</u>		<u>10</u>					
	a	b	a	b	11	12	13	14
9. NCRMD success								
a. Time 1	-							
b. Time 2	.82***	-						
10. Victim blame								
a. Time 1	-.02	.03	-					
b. Time 2	.02	.09	.82***	-				
Other								
11. IDA-R total score	.34***	.38***	.09	.12	-			
12. Psychopathy knowledge	-.13*	-.14*	-.06	-.13*	.10	-		
13. Age	.04	.04	.08	.10	-.04	-.07	-	
14. Sex	-.04	-.01	-.05	-.06	.02	-.06	.13*	-
<i>M</i>	3.65	3.57	2.62	2.51	62.06	15.07	28.41	0.24
<i>SD</i>	1.69	1.68	2.21	2.21	22.38	3.13	10.87	0.43

* $p < .05$. ** $p < .01$. *** $p < .001$.

criminal responsibility were significantly different from neutral (i.e., a score of 4.00; see Figure 1). The mean score for whether psychopathy was believed to be a mental illness was 5.28 ($SE = 0.10$), a score significantly higher than 4.00, $t(269) = 12.44$, $p < .001$, $d = 0.76$. The mean score for whether psychopaths should be eligible for the NCRMD defence was 3.52 ($SE = 0.11$), a score significantly lower than 4.00, $t(270) = -4.21$, $p < .001$, $d = -0.26$. Lastly, the mean score for whether psychopaths were seen as responsible for their negative actions was 5.18 ($SE = 0.10$), a score significantly higher than 4.00, $t(270) = 12.39$, $p < .001$, $d = 0.76$. On average, participants believed psychopathy is a mental illness, psychopaths should not be eligible for the NCRMD defence, and psychopaths are responsible for their negative actions.

Change in scores. Mixed ANOVAs with time and condition as independent variables were conducted to determine whether answers to the three questions assessing attitudes toward psychopathy concerning criminal responsibility changed after reading the randomly assigned news article (see Table 2 for means and standard deviations). For whether psychopathy was seen as a mental illness, there was a significant time by

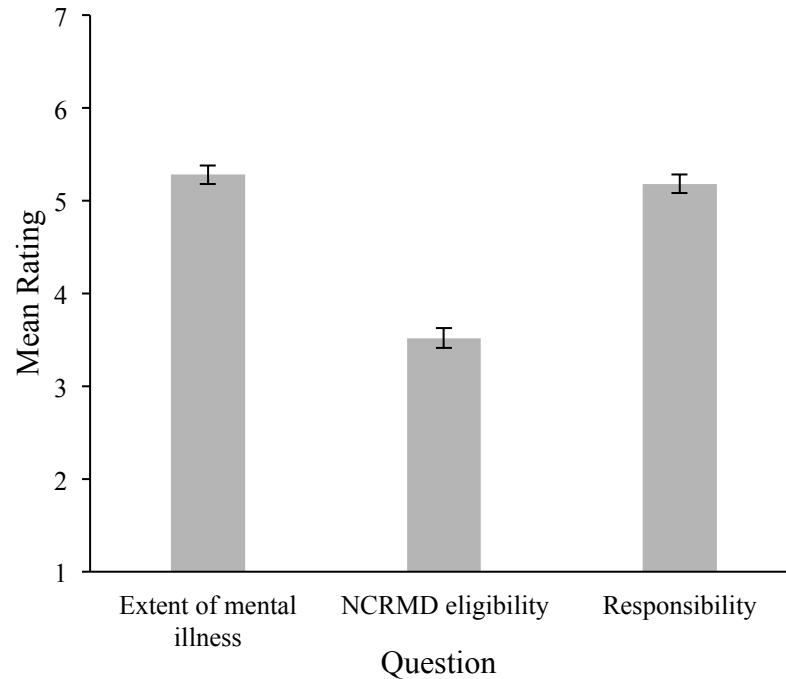


Figure 1. Initial perceptions of psychopathy. Error bars represent standard errors.

condition interaction, $F(3, 256) = 13.03, p < .001, \eta_p^2 = .13$. Pairwise comparisons determined that participants in the not mental illness condition believed psychopathy was a mental illness to a lesser extent after reading the article ($M = 4.31, SE = 0.21$) than they did before ($M = 5.24, SE = 0.21$), $p < .001, d = -0.49$. There was no effect of time for the other conditions.

For whether psychopaths were seen as eligible for the NCRMD defence, there was another significant time by condition interaction, $F(3, 257) = 7.45, p < .001, \eta_p^2 = .08$. Pairwise comparisons determined that participants in the mental illness condition believed psychopaths should be eligible for the NCRMD defence to a greater extent after reading the article ($M = 4.06, SE = 0.24$) than they did before ($M = 3.56, SE = 0.24$), $p < .001, d = 0.29$. Further, participants in the not mental illness condition believed psychopaths should be eligible for the NCRMD defence to a lesser extent after reading

Table 2. Means and standard deviations for psychopathy questions by condition.

	Condition							
	Mental illness		Not mental illness		Emotional deficit		No expert	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1. Mental illness								
Time 1	5.21	1.61	5.24	1.82	5.38	1.83	5.33	1.55
Time 2	5.25	1.55	4.31	1.99	5.29	1.88	5.36	1.57
2. NCRMD eligibility								
Time 1	3.56	1.77	3.45	1.97	3.47	2.08	3.75	1.72
Time 2	4.06	1.65	3.15	1.92	3.27	2.10	3.97	1.89
3. Responsibility								
Time 1	5.21	1.33	5.25	1.60	5.47	1.52	4.76	1.79
Time 2	5.03	1.32	5.55	1.52	5.73	1.54	5.00	1.62

the article ($M = 3.15$, $SE = 0.23$) than they did before ($M = 3.45$, $SE = 0.23$), $p = .028$, $d = -0.15$. There was no effect of time for the other conditions.

Lastly, for whether psychopaths were seen as responsible for their negative actions, there was yet another time by condition interaction, $F(3, 257) = 2.94$, $p = .034$, $\eta_p^2 = .03$. Pairwise comparisons determined that participants in the not mental illness condition believed psychopaths were responsible for their negative actions to a greater extent after reading the article ($M = 5.55$, $SE = 0.18$) than they did before ($M = 5.25$, $SE = 0.19$), $p = .019$, $d = 0.19$. Further, participants in the emotional deficit condition also believed psychopaths were responsible for their negative actions to a greater extent after reading the article ($M = 5.73$, $SE = 0.19$) than they did before ($M = 5.47$, $SE = 0.20$), $p = .041$, $d = 0.17$. There was no effect of time for the other conditions.

Relation to attitude strength. To assess the relationship between initial attitude strength and attitude change in regard to perceptions of psychopathy, absolute extremeness (i.e., the absolute value when the midpoint of the scale is subtracted from participants' ratings) of the answers to the items assessing perceptions of psychopathy were correlated with the absolute difference scores of these questions before and after reading the article. Of note, one-tailed analyses were conducted as the direction of the

relationship between attitude strength and attitude change was hypothesized a priori. In terms of whether participants believed psychopathy is a mental illness, extremeness was negatively correlated with attitude change, $r = -.12$, $n = 260$, $p = .024$. Further, in terms of whether participants believed psychopaths should be eligible for the NCRMD defence, extremeness was also negatively correlated with attitude change, $r = -.16$, $n = 261$, $p = .005$. Lastly, in terms of whether participants believed psychopaths are responsible for their negative actions, extremeness was once again negatively correlated with attitude change, $r = -.13$, $n = 261$, $p = .019$. Consistent with Hypothesis 2, these findings suggest that stronger initial attitudes toward psychopathy in regard to criminal responsibility were associated with less change in these attitudes after reading the news article.

In order to further understand the relationship between attitude strength and attitude change for each perception of psychopathy, absolute extremeness was also correlated with absolute difference scores separately for each condition (see Table 3). In terms of whether participants in the emotional deficit condition believed psychopathy is a mental illness, extremeness was negatively correlated with attitude change, $r = -.50$, $n = 63$, $p < .001$. In terms of whether participants in the emotional deficit condition believed psychopaths should be eligible for the NCRMD defence, extremeness was also negatively correlated with attitude change, $r = -.49$, $n = 64$, $p < .001$. In terms of whether participants in the emotional deficit condition believed psychopaths are responsible for their negative actions, extremeness was once again negatively correlated with attitude change, $r = -.40$, $n = 64$, $p = .001$. In terms of whether participants in the no expert condition believed psychopaths should be eligible for the NCRMD defence, extremeness was also negatively correlated with attitude change, $r = -.30$, $n = 67$, $p < .006$. Initial

Table 3. Bivariate correlations between absolute attitude extremeness and absolute attitude change by condition.

	Condition			
	Mental illness	Not mental illness	Emotional deficit	No expert
1. Mental illness	-.06	.01	-.50***	-.12
2. NCRMD eligibility	.09	.00	-.49***	-.30**
3. Responsibility	.12	-.17	-.40**	-.13

** $p < .01$. *** $p < .001$.

attitude extremeness was not related to attitude change for participants in the mental illness or not mental illness conditions.

News Article

Initial scores. To determine whether there were differences amongst perceptions of the event described in the news article across the four conditions, ANOVAs were conducted with condition as the independent variable and the different questions pertaining to the article as dependent variables (see Figure 2). There was a significant difference across the four conditions in ratings of perpetrator responsibility, $F(3, 253) = 7.28, p < .001, \eta_p^2 = .08$. A Tukey post hoc test determined that participants in the mental illness condition ($M = 4.91, SE = 0.18$) believed the perpetrator was less responsible than participants in both the not mental illness ($M = 5.95, SE = 0.18$), $p < .001, d = -0.74$, and emotional deficit ($M = 5.92, SE = 0.19$), $p = .001, d = -0.67$, conditions. There were no other differences between conditions.

There was a significant difference across the four conditions in ratings of the extent of perpetrator mental illness, $F(3, 253) = 7.54, p < .001, \eta_p^2 = .08$. A Games-Howell post hoc test was conducted as the assumption of homogeneity of variance was violated, $p < .001$. It was determined that participants in the not mental illness condition ($M = 4.15, SE = 0.20$) believed the perpetrator had a mental illness to a lesser extent than participants in both the mental illness ($M = 5.05, SE = 0.21$), $p = .014, d = -0.55$, and no

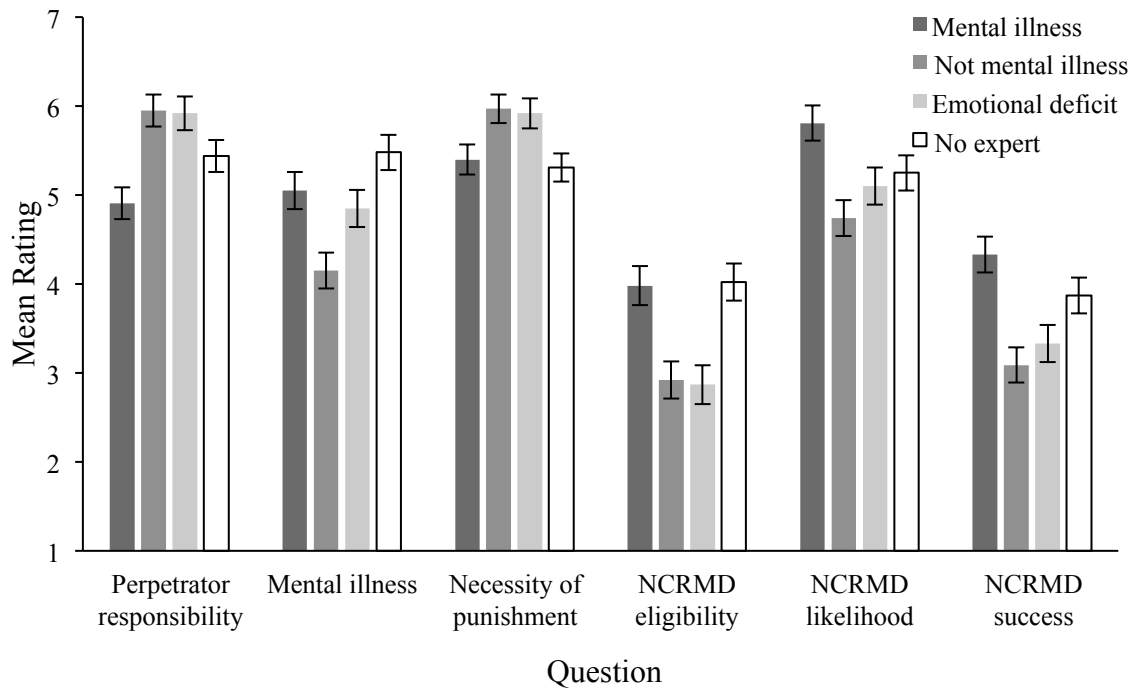


Figure 2. Initial ratings of perpetrator responsibility, the extent of perpetrator mental illness, the necessity of criminal punishment, and the perpetrator's NCRMD eligibility, NCRMD likelihood, and potential NCRMD success. Error bars represent standard errors.

expert ($M = 5.49$, $SE = 0.20$), $p < .001$, $d = -0.83$, conditions. There were no other differences between conditions.

There was a significant difference across the four conditions in the extent to which participants believed criminal punishment was necessary, $F(3, 253) = 4.46$, $p = .005$, $\eta_p^2 = .05$. A Tukey post hoc test determined that participants in the no expert condition ($M = 5.31$, $SE = 0.16$) believed criminal punishment was less necessary than participants in both the not mental illness ($M = 5.97$, $SE = 0.16$), $p = .021$, $d = -0.49$, and emotional deficit ($M = 5.92$, $SE = 0.17$), $p = .044$, $d = -0.46$, conditions. There were no other differences between conditions.

There was a significant difference across the four conditions in the extent to which participants believed the perpetrator should be eligible for the NCRMD defence,

$F(3, 253) = 8.79, p < .001, \eta_p^2 = .09$. A Tukey post hoc test determined that participants in the not mental illness condition ($M = 2.92, SE = 0.21$) believed the perpetrator should be less eligible than participants in both the mental illness ($M = 3.98, SE = 0.22, p = .003, d = -0.64$, and no expert ($M = 4.02, SE = 0.21, p = .002, d = -0.61$, conditions. Further, participants in the emotional deficit condition ($M = 2.87, SE = 0.22$) believed the perpetrator should be less eligible than participants in both the mental illness, $p = .002, d = -0.67$, and no expert, $p = .001, d = -0.64$, conditions. There were no other differences between conditions.

There was a significant difference across the four conditions in participants' ratings of the likelihood the perpetrator would use the NCRMD defence, $F(3, 253) = 4.89, p = .003, \eta_p^2 = .06$. A Games-Howell post hoc test was conducted as the assumption of homogeneity of variance was violated, $p < .001$. It was determined that participants in the mental illness condition ($M = 5.81, SE = 0.20$) believed the perpetrator would be more likely to use the NCRMD defence than participants in both the not mental illness ($M = 4.74, SE = 0.20, p = .001, d = 0.68$, and emotional deficit ($M = 5.10, SE = 0.21, p = .039, d = 0.49$, conditions. There were no other differences between conditions.

There was a significant difference across the four conditions in how successful participants believed the NCRMD defence would be, $F(3, 253) = 7.55, p < .001, \eta_p^2 = .08$. A Tukey post hoc test determined that participants in the not mental illness condition ($M = 3.09, SE = 0.20$) believed the NCRMD defence would be less successful than participants in both the mental illness ($M = 4.33, SE = 0.20, p < .001, d = -0.82$, and no expert ($M = 3.87, SE = 0.20, p = .031, d = -0.48$, conditions. Further, participants in

the emotional deficit condition ($M = 3.33$, $SE = 0.21$) believed the NCRMD defence would be less successful than participants in the mental illness condition, $p = .003$, $d = -0.62$. There were no other differences between conditions.

There were no significant differences across the four conditions in ratings of victim blame.

Consequence suggestions. When asked to indicate in an open-ended format the consequence they believed the perpetrator discussed in the assigned news article should receive, 248 participants provided a response: 110 (44.36%) believed the consequence should come from the penal system, 88 (35.48%) believed the consequence should come from the mental health court system, 38 (15.32%) believed the consequence should come from a combination of both the penal and mental health court systems, and 12 (4.84%) indicated that they were unsure of what the consequence should be. A chi-square analysis determined that consequence suggestions varied according to the news article that participants read, $\chi^2(9, n = 248) = 29.98$, $p < .001$, $\phi^2 = .12$ (see Figure 3). Thus, follow-up analyses using additional chi-squares were conducted to determine where the specific differences were.

The percentage of participants who suggested that a suitable consequence should come from the penal system differed across condition, $\chi^2(3, n = 110) = 12.40$, $p = .006$, $\phi^2 = .11$. Participants in the not mental illness condition were more likely to suggest a consequence from the penal system than participants in both the mental illness, $\chi^2(1, n = 54) = 8.96$, $p = .003$, $\phi^2 = .17$, and no expert, $\chi^2(1, n = 59) = 4.90$, $p = .027$, $\phi^2 = .08$, conditions. Participants in the emotional deficit condition were also more likely to suggest a consequence from the penal system than participants in the mental illness

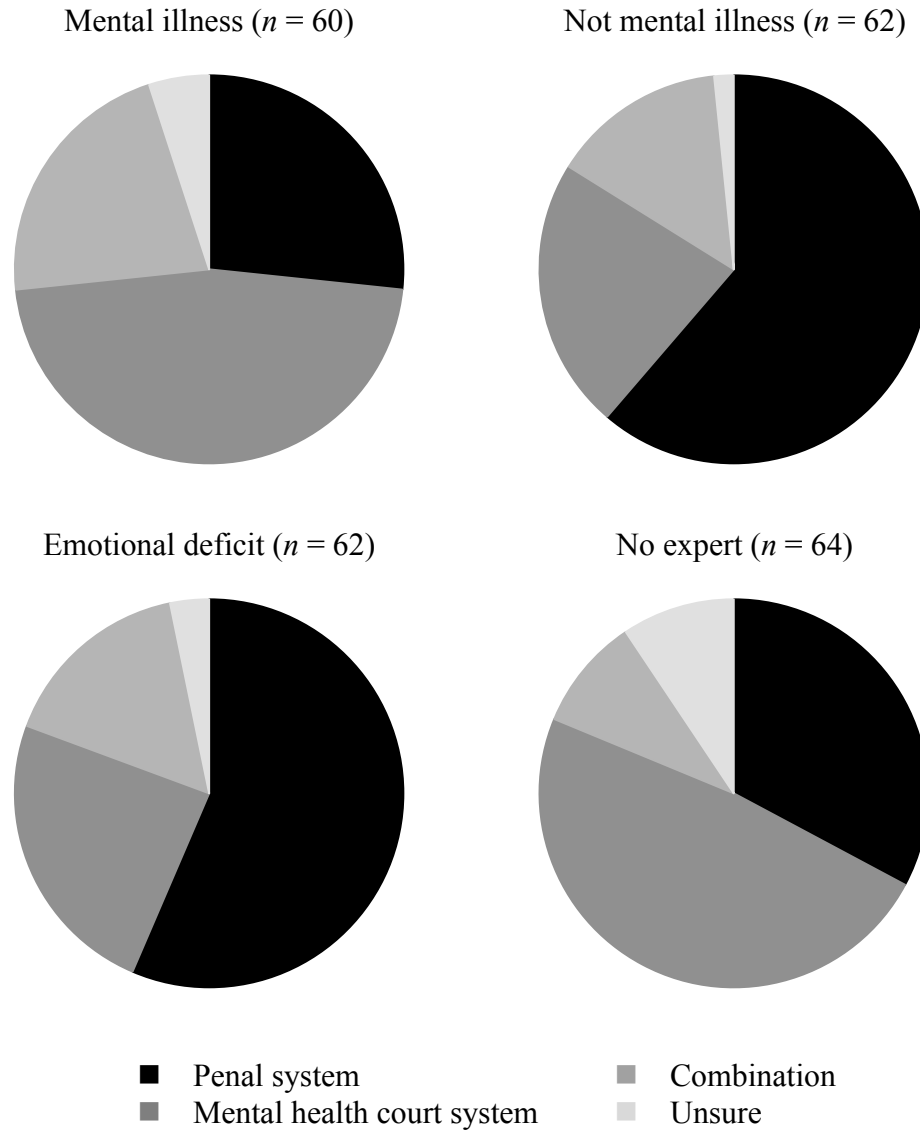


Figure 3. Distribution of consequence suggestions by condition.

condition, $\chi^2(1, n = 51) = 7.08, p = .008, \phi^2 = .14$.

The percentage of participants who suggested that a suitable consequence should come from the mental health court system differed across condition, $\chi^2(3, n = 88) = 10.46, p = .015, \phi^2 = .12$. Participants in the mental illness condition were more likely to suggest a consequence from the mental health court system than participants in both the not mental illness, $\chi^2(1, n = 42) = 4.67, p = .031, \phi^2 = .11$, and emotional deficit, $\chi^2(1, n =$

43) = 3.93, $p = .047$, $\phi^2 = .09$, conditions. Participants in the no expert condition were also more likely to suggest a consequence from the mental health court system than participants in both the not mental illness, $\chi^2(1, n = 45) = 6.42, p = .011, \phi^2 = .14$, and emotional deficit, $\chi^2(1, n = 46) = 5.57, p = .018, \phi^2 = .12$, conditions.

The percentage of participants who suggested that a suitable consequence should come from a combination of both the penal and mental health court systems, $\chi^2(3, n = 38) = 2.63, p = .452, \phi^2 = .07$, as well as the percentage of participants who indicated that they were unsure of what the consequence should be, $\chi^2(3, n = 12) = 4.67, p = .198, \phi^2 = .39$, did not differ across condition.

Change in scores. Mixed ANOVAs were conducted to determine whether there were any changes in perceptions (of perpetrator responsibility, the extent of perpetrator mental illness, the necessity of criminal punishment, the perpetrator's NCRMD eligibility, NCRMD likelihood, and potential NCRMD success, and victim responsibility) after reading a short paragraph about psychopathy (see Table 4 for means and standard deviations). Controlling for initial knowledge of psychopathy, there was a significant time by condition interaction in ratings of perpetrator responsibility, $F(3, 233) = 3.27, p = .022, \eta_p^2 = .04$. Pairwise comparisons determined that participants in the mental illness condition believed the perpetrator was more responsible after reading the provided psychopathy information ($M = 5.58, SE = 0.15$) than they did before ($M = 4.97, SE = 0.19$), $p < .001, d = 0.46$.

There were no other differences in terms of answers to the news article questions when comparing ratings before and after the provided psychopathy information. Further, several participants did not provide a suggestion for what they believed an appropriate

Table 4. Means and standard deviations for news article questions by condition.

	<u>Condition</u>							
	<u>Mental illness</u>		<u>Not mental illness</u>		<u>Emotional deficit</u>		<u>No expert</u>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1. Responsibility								
Time 1	4.97	1.58	5.92	1.15	6.07	1.22	5.42	1.61
Time 2	5.58	1.03	6.02	1.13	6.13	1.17	5.69	1.26
2. Mental illness								
Time 1	5.12	1.39	4.20	1.91	4.81	1.95	5.45	1.27
Time 2	5.18	1.38	4.18	1.95	4.65	1.99	5.28	1.29
3. Necessity of punishment								
Time 1	5.41	1.24	5.91	1.34	6.02	1.25	5.31	1.37
Time 2	5.50	1.15	5.88	1.26	5.95	1.32	5.44	1.43
4. NCRMD eligibility								
Time 1	4.07	1.58	2.99	1.75	2.89	1.76	3.98	1.80
Time 2	4.15	1.52	3.17	1.85	2.89	1.73	4.13	1.66
5. NCRMD likelihood								
Time 1	5.91	1.12	4.70	1.94	5.07	1.67	5.24	1.51
Time 2	5.74	1.23	4.54	2.01	4.88	1.73	5.29	1.43
6. NCRMD success								
Time 1	4.40	1.51	3.05	1.47	3.27	1.75	3.74	1.63
Time 2	4.25	1.47	3.00	1.53	3.39	1.71	3.64	1.64
7. Victim blame								
Time 1	2.71	2.27	2.37	2.24	2.91	2.39	2.57	2.10
Time 2	2.67	2.19	2.27	2.16	2.69	2.37	2.52	2.20

Note. Mean values control for initial knowledge of psychopathy.

consequence would be when asked for a second time. Of the participants who did provide consequence suggestions for a second time, no pattern of differences emerged.

Discussion

Though the presence of psychopathy has generally been seen as an aggravating factor for sentencing in the past, some researchers are currently arguing that psychopaths may actually have valid justification to be considered not criminally responsible for their actions (Morse, 2008). Findings from the present study offer some insight into the Canadian public's perceptions of psychopathy and the notion of criminal responsibility.

Attitudes Toward the NCRMD Defence

Overall, participants had a somewhat positive attitude toward the NCRMD defence, a finding that was replicated from a recent Canadian study (Power, 2015). This finding indicates support for Hypothesis 1 (i.e., the overall attitude toward the NCRMD defence in Canada would be positive). As previously mentioned, past research concerning the insanity defence in the United States suggested a generally negative attitude toward the defence at the time (Hans, 1986), leading one to question whether the discrepancy between these studies is the result of the different time periods or the different geographic locations in which they took place. Perhaps these contrasting findings are due to both of these factors.

Perceptions of Psychopathy

Relation to IDA-R. The more negative participants' attitudes were toward the NCRMD defence in general, the less likely they were to believe that psychopaths should be eligible for the defence and the more likely they were to believe that psychopaths are responsible for their negative actions. Since overall attitude toward the defence was not related to the belief that psychopathy is a mental illness, these findings suggest that negative attitudes toward the defence may be associated with a belief that no person

should be eligible for the defence and that people are always criminally responsible for their actions. Hence, people with generally negative attitudes toward the NCRMD defence may have indicated that psychopaths should not be eligible for the defence and are responsible for their negative actions not because the question was specifically referring to psychopaths per say, but because they feel this way about all people. This idea is supported by the fact that several of the questions in the IDA-R address the belief that everyone should be punished for committing crimes regardless of the circumstances (Skeem et al., 2004). Thus, it seems to be the case that negative attitudes toward the NCRMD defence could largely stem from the more general belief that every person is criminally responsible for his or her actions.

Initial scores. Overall, participants tended to believe that psychopathy is a mental illness, yet psychopaths should not be eligible for the NCRMD defence and are still responsible for their negative actions. A potential explanation for this pattern of findings could be that although participants may have believed psychopathy is a mental illness, they may not have equated the construct to the mental illnesses commonly seen in cases of NCRMD. To illustrate, perhaps these participants viewed psychopathy as a mental illness but not to the same degree as other mental illnesses (e.g., schizophrenia or bipolar disorder), resulting in an overall belief that psychopaths should not be eligible for the defence and are responsible for their actions. Alternatively, it is possible that participants viewed psychopathy as a mental illness to a similar degree as other mental illnesses, but believed psychopaths are more dangerous than individuals with different mental illnesses. As a result, perhaps the belief that psychopaths should not be eligible for the NCRMD defence was due to the fact that psychopaths were perceived as too

dangerous and untrustworthy to possibly be given the opportunity to be released back into the community through absolute and conditional discharges. In a recent literature review, Parcesepe and Cabassa (2013) found that people commonly consider individuals with mental illnesses as more dangerous than individuals without such illnesses. However, it was also found that ratings of dangerousness tend to differ as a function of the specific illness in question such that individuals with some mental illnesses (e.g., schizophrenia) are generally seen as more dangerous than individuals with other mental illnesses (e.g., depression) (Parcesepe & Cabassa, 2013). While psychopathy was not a condition included in Parcesepe and Cabassa's (2013) meta-analysis, the idea that members of the general public would consider psychopathy as one of the more dangerous conditions is certainly probable.

Change in scores. Participants in the mental illness condition believed that psychopaths should be eligible for the NCRMD defence more strongly after reading the news article. Participants in the not mental illness condition believed that psychopathy is a mental illness and psychopaths should be eligible for the NCRMD defence less strongly, and that psychopaths are responsible for their negative actions more strongly, after reading the news article. Lastly, participants in the emotional deficit condition believed that psychopaths are responsible for their negative actions more strongly after reading the news article. These differences are not surprising as perceived expertise has previously been associated with the ability to persuade people into agreement (Bohner et al., 2002), and each significant shift was in the direction that corresponded with the argument provided by the expert in the assigned news article. However, it is interesting to note that the specific perceptions altered were different for each condition. That is,

participants in the mental illness and emotional deficit conditions experienced a change in one perception of psychopathy, albeit the perception that changed was different for each, whereas participants in the not mental illness condition experienced a change in all three perceptions. It seems that the specific types of perceptions that are most likely to be influenced in any given situation may change as a function of the nature of the argument presented. This is not a novel speculation, as persuasion researchers have long claimed that different types of attitudes are influenced in distinct ways depending on the type of argument one is exposed to (Millar & Millar, 1990).

Relation to attitude strength. For each of the three questions assessing attitudes toward psychopathy in relation to criminal responsibility, initial attitude strength, as indicated by extremeness, was related to attitude change. More specifically, stronger (i.e., more extreme) initial attitudes were associated with less change after participants were presented with the news article, which corresponds with Bassili's (2008) description of the relationship between attitude extremeness and resistance to change. These findings indicate support for Hypothesis 2 (i.e., initial attitude strength would be related to the amount of change in said attitude).

In addition to the above finding, it was determined that the significance of the overall relationships was largely driven by the magnitude of the relationships specifically in the emotional deficit condition, especially seeing as there was no relationship between initial attitude strength and attitude change in either the mental illness or not mental illness conditions. Perhaps this finding suggests that attitude strength is more likely to be related to attitude change when there is more leeway in terms of interpreting the information provided. To clarify, the expert in both the mental illness and not mental

illness conditions specifically stated whether or not psychopaths should be classified as mentally ill, whereas this information was not explicitly stated in the emotional deficit condition. Thus, it is possible that, regardless of initial attitude strength, participants were more likely to change their attitudes in accordance with the argument provided when the expert made it very clear how psychopaths should be classified (i.e., as mentally ill or not). In contrast, when it was left up to the participants to determine for themselves whether they believed psychopathy should be considered a mental illness based on information provided by an expert, but not the expert's specific opinion per say, initial attitude strength was related to change in their attitudes.

It is interesting to note that initial attitude extremeness was related to attitude change for one of the specific perceptions of psychopathy in the no expert condition (i.e., whether psychopaths should be eligible for the NCRMD defence). As with the article in the emotional deficit condition, there was no specific statement addressing how psychopathy should be classified in the no expert condition. In the no expert condition, however, there was no information provided about the construct of psychopathy at all. Participants read about the case of a homicide, but the only mention of psychopaths in this condition was that the perpetrator was one. It seems that simply reading about a case of a homicide committed by a psychopath was sufficient for participants in the no expert condition (who initially had relatively neutral attitudes toward whether psychopaths should qualify for the NCRMD defence) to experience an attitude shift. A possible explanation for this finding could be that psychopaths were more likely to be perceived as dangerous and impulsive after reading the article, especially considering the fact that the victim was a seemingly random stranger to the psychopathic perpetrator and there was no

apparent reason for the murder. Participants in the no expert condition, who were not influenced in any way by the opinion of a supposed psychopathy expert, may have simply been less likely to agree with the idea that these dangerous and impulsive individuals could potentially be acquitted of their heinous acts after being presented with an example of one.

News Article

Initial scores. Participants in the mental illness condition believed a) the perpetrator was less responsible than participants in both the not mental illness and emotional deficit conditions, b) the perpetrator had a mental illness to a greater extent than participants in the not mental illness condition, c) the perpetrator should be more eligible for the NCRMD defence than participants in both the not mental illness and emotional deficit conditions, d) the perpetrator would be more likely to use the NCRMD defence than participants in both the not mental illness and emotional deficit conditions, and e) the NCRMD defence would be more successful than participants in both the not mental illness and emotional deficit conditions.

In addition to the differences discussed above, participants in the not mental illness condition also believed a) the perpetrator had a mental illness to a lesser extent, b) criminal punishment was more necessary, c) the perpetrator should be less eligible for the NCRMD defence, and d) the NCRMD defence would be less successful than participants in the no expert condition.

Lastly, participants in the emotional deficit condition also believed a) criminal punishment was more necessary, and b) the perpetrator should be less eligible for the NCRMD defence than participants in the no expert condition.

It is not surprising that several differences exist between the participants in the mental illness and not mental illness conditions. In these conditions, the supposed expert specifically stated whether or not psychopathy is a mental illness and it was previously stated that the perpetrator was a psychopath. Further, participants were informed of the basic requirements for the NCRMD defence (i.e., the presence of a mental illness and the inability to understand either the nature and quality of the act performed or the wrongfulness of said act; Pozzulo et al., 2015) earlier in the study. Thus, it is plausible that the participants in the mental illness and not mental illness conditions simply used the information acquired throughout the study to classify the man as either mentally ill or not mentally ill and subsequently determined whether or not the NCRMD defence would be appropriate.

Participants in the emotional deficit condition were not specifically told whether or not the perpetrator had a mental illness, so there was arguably a greater capacity for interpretation. That being said, these participants gave similar ratings as the participants in the not mental illness condition for the majority of questions. There is more than one possible explanation for this pattern of findings. While the expert in the emotional deficit condition did not provide a statement specifically addressing mental illness, it was stated that psychopaths do not have any problem understanding the difference between right and wrong. This statement implies that, in the instance of psychopathy, one of the NCRMD requirements (i.e., the inability to understand the wrongfulness of the act performed) is essentially violated. Hence, participants in the emotional deficit condition may have provided ratings similar to participants in the not mental illness condition because in neither case did the perpetrator meet the basic requirements for the consideration of being

deemed not criminally responsible. Alternatively, perhaps being informed that psychopaths are not cognitively impaired even though they characteristically lack guilt and shame resulted in the perpetrator being perceived as not only fully responsible for his actions, but as a particularly dangerous individual in general. These perceptions could have contributed to the belief that the NCRMD defence would not be appropriate, which would help to explain the similarities in ratings between participants in the emotional deficit and not mental illness conditions.

Another noteworthy finding is the generally similar ratings between participants in the mental illness and no expert conditions. In fact, in no instance was there a significant difference between the ratings in these two conditions. Recall the previously discussed finding that psychopathy was generally believed to be a mental illness. The similarities between ratings of participants in the mental illness and no expert conditions could be interpreted as further evidence to support the notion that people may tend to believe that psychopathy is a mental illness unless, perhaps, they are provided with evidence to suggest otherwise (e.g., being exposed to an expert's opinion on the matter).

Consequence suggestions. Participants in the mental illness condition were more likely to suggest a consequence from the mental health court system, and less likely to suggest a consequence from the penal system, than participants in both the not mental illness and emotional deficit conditions. In addition, participants in the not mental illness condition were more likely to suggest a consequence from the penal system, and less likely to suggest a consequence from the mental health court system, than participants in the no expert condition. Lastly, participants in the emotional deficit condition were less likely to suggest a consequence from the mental health court system than participants in

the no expert condition.

As with the answers to the previously discussed news article questions, consequence suggestions largely, and unsurprisingly, corresponded with the arguments presented in the article to which participants were assigned. In addition, the same aforementioned similarities between conditions were generally found. That is, participants in the not mental illness and emotional deficit conditions provided a similar pattern of consequence suggestions and participants in the mental illness and no expert conditions provided a similar pattern of consequence suggestions.

Change in scores. After reading the provided psychopathy information, participants in the mental illness condition believed the perpetrator was more responsible than they originally had. This was the only difference in how the event described in the news article was perceived when comparing the ratings before and after the psychopathy information was provided. It seems that being presented with information about the construct of psychopathy was not an overly effective way to influence how the event was perceived, seeing as ratings for the majority of questions did not change. That being said, the fact that the information did have an effect on participants in the mental illness condition should not be ignored. These participants had originally believed the perpetrator was less responsible than participants in both the not mental illness and emotional deficit conditions, likely due in part to the expert quote they were presented with. After reading the provided psychopathy information, however, ratings of perpetrator responsibility increased to levels more similar to that of the other conditions. Hence, perhaps learning more about the construct of psychopathy has the potential to, in a sense, undo some of the effect of being presented with the argument that psychopathy is

a mental illness and that engaging in violent behaviours is not a psychopath's fault.

Implications

A straightforward implication of the present research is that members of the Canadian general public may have a somewhat positive view of the NCRMD defence. If the majority of Canadians agree with the notion of deeming certain individuals not criminally responsible and are satisfied with the system that is currently in place, perhaps bills that aim to alter this system in potentially detrimental ways, as was the case with Bill C-14, will not be approved or enacted so readily in the future. Present findings also imply that it may be the case that Canadians generally believe psychopathy is a mental illness, yet psychopaths should still be ineligible for the NCRMD defence as they are seen as responsible for their actions. While it is certainly possible that the public belief that psychopathy is a mental illness could impact the types of bills that appear in the future, the general belief that psychopaths should not be eligible for the NCRMD defence will presumably make the actual enactment of these bills less likely.

Findings from the present study also have direct implications for the influence of the media. Participants' perceptions of psychopathy were altered through the presentation of fictional news articles and expert opinions, highlighting the question of to what extent the public's perceptions can be influenced if the researchers who argue that psychopaths should not be considered criminally responsible become more publically outspoken with these arguments. However, ratings of perpetrator responsibility in the mental illness condition increased after participants were presented with a short description of psychopathy. This particular finding implies that acquiring accurate knowledge about psychopathy may help to negate the influence of the arguments for

deeming psychopaths not criminally responsible.

Limitations and Future Research

A noteworthy limitation of the present study is the uneven distributions of both participant age and sex. More specifically, the majority of participants were young adult women. As there were not enough men or older adults in the current sample to run the appropriate analyses, it was decided that examining any age and/or sex differences across the key study variables would be ill-advised, despite the fact that determining if and where these differences exist would admittedly provide valuable information. By identifying any differences in perceptions across these basic demographic variables, it would be easier to identify specific groups that could particularly benefit from learning more about the NCRMD defence as well as the construct of psychopathy. Hence, future research examining perceptions of criminal responsibility and psychopathy should aim to use a more diverse sample in order to determine if differences exist as a function of these demographic variables.

A second limitation of the present study is the fact that only Hare's (2003) conceptualization of psychopathy was discussed in the provided psychopathy information when there are, in fact, numerous conceptualizations that different researchers adhere to. Public perceptions of psychopathy may be more likely swayed by one conceptualization than another for any number of reasons, so perhaps it would be beneficial to examine if this is the case by randomly presenting participants with one of several psychopathy paragraphs as opposed to presenting the same information to all participants. It would undoubtedly be worthwhile to determine whether researchers from different camps are more or less able to alter public perceptions of psychopathy.

A third limitation of the present study is the generally high scores on the knowledge of psychopathy measure. Approximately 91% of participants correctly answered a minimum of 10 of the 20 questions and approximately 50% of participants correctly answered a minimum of 15. The measure may not have been able to truly distinguish between participants with and without an adequate psychopathy knowledge base seeing as most participants were able to correctly answer the majority of questions. Thus, knowledge of psychopathy was treated solely as a covariate when examining the effect of the provided psychopathy information as it was deemed unwise to focus on knowledge of psychopathy as a key variable in other analyses. As a result, it may be advantageous to construct a measure that includes more challenging and discriminating questions if one were to examine knowledge of psychopathy as a variable of interest in future studies.

In order to acquire a deeper understanding of the public's perceptions, future research should attempt to tease apart some of the results of the present study, as there are various explanations that could be applied to some of the findings. For example, it was previously discussed that participants in the emotional deficit condition seemed to perceive the case described in the news article in a similar manner as participants in the not mental illness condition. This finding could be because participants in the emotional deficit condition did not consider psychopathy a mental illness or because they simply believed the perpetrator was a threat to public safety. However, in order to determine the actual reasoning behind the perceptions of participants in the emotional deficit condition, additional research would need to specifically address this question. Perhaps participants could be specifically asked in future studies to indicate how dangerous or threatening

they believed the perpetrator to be. Alternatively, the seriousness of the offence could be manipulated as a way of influencing perceived dangerousness. Thus, if it were to be determined that participants in the emotional deficit condition provided similar ratings to participants in the not mental illness condition even when the offence was much less severe, it would be unlikely that perceived dangerousness of the perpetrator in the emotional deficit condition was the mechanism behind the similar ratings.

Closely related to the previous suggestion, it might also be interesting to vary the nature of the offence in future research due to the fact that the illegal act described in the present study (i.e., homicide) is, in fact, one of the least common offences seen in cases of NCRMD (Miladinovic & Lukassen, 2014). It is possible that the public may perceive the perpetrator quite differently based on the severity of his or her illegal act(s). Thus, presenting the case of a person charged with assault or uttering threats could potentially result in findings that are more ecologically valid and applicable to the real world, as these offences tend to be much more common in actual cases of NCRMD (Miladinovic & Lukassen, 2014).

It may also be important to disentangle the reasoning behind the ratings of participants in the mental illness condition in the present study. Unsurprisingly, answers to the news article questions provided by these participants largely corresponded with the argument that psychopathy is a mental illness (e.g., ratings of perpetrator responsibility were relatively low; ratings of NCRMD eligibility and potential NCRMD success were relatively high). In this condition, however, it was specifically stated that psychopaths have physical brain differences. Thus, the argument was largely based on neurobiology. This seemingly minor detail could have had a major impact on participant ratings. For

instance, it is possible that participants may not have perceived the perpetrator how they did based on the fact that the expert explicitly stated psychopathy is a mental illness, but because he specifically referred to the fact that psychopaths have neurobiological abnormalities. Perhaps referring to these physical brain differences resulted in participants being more likely to adhere to the idea that psychopathy is, in fact, a mental illness. This idea is supported by Rendell, Huss, and Jensen's (2010) finding that a mock jury was more likely to deem a defendant diagnosed with schizophrenia not criminally responsible by reason of insanity when the arguments presented by an expert witness were biological, as opposed to psychological, in nature. Though the present study focuses on psychopathy rather than schizophrenia, it is certainly possible that biological arguments may be more likely than psychological arguments to persuade people to deem defendants not criminally responsible in a variety of circumstances. Alternatively, perhaps the inclusion of the neurobiological argument in the quote in this particular instance did not have a large impact on participants' perceptions and the crucial factor driving these perceptions was actually the simple fact that the expert definitively stated that psychopathy is a mental illness. Again, additional research is required to better understand why exactly perceptions of participants in the mental illness condition were affected in the ways that they were.

As previously discussed, *mental disorder* is a legal term defined as a "disease of the mind" (Criminal Code, R.S.C., 1985, c.46, s.2, p. 8) encompassing any condition that impairs the mind, with a few aforementioned exceptions. Thus, it is a broad term that includes, but is not limited to, mental illnesses. However, the term *mental illness* was used at several points throughout the survey as *mental illness* and *mental disorder* are

often used interchangeably in the field of psychology. That being said, researchers have not specifically addressed whether or not these terms might influence participants' perceptions in different ways. For example, one term could be perceived as more positive or negative than the other, which could have an effect on participants' ratings. Alternatively, the terms could simply be perceived differently such that participants may be more likely to believe a given condition is a mental disorder than they are to believe it is a mental illness (or vice versa) without one term being perceived as necessarily more positive or negative than the other. Hence, it may be informative to investigate how these terms are perceived and whether they have any impact on participants' ratings, especially as these terms will undoubtedly be used in public opinion research in the future.

One might also choose to include additional demographic variables in future studies in order to make comparisons between groups that extend beyond age and sex. For example, it may be a good idea to ask about past experience, either personally or professionally, with mental illness, mentally ill offenders, and/or psychopathy, as it is likely that people with such experience would perceive the issue of criminal responsibility differently than those without.

Lastly, it may be valuable to conduct studies similar to the present in various geographic locations in order to compare perceptions of the defences pertaining to mentally ill offenders across different regions. As previously discussed, research conducted in the United States in the mid-1980s suggested that the general attitude toward the insanity defence was negative at the time (Hans, 1986). Seeing as the general attitude toward the NCRMD defence in Canada is currently suggested to be positive, it would be interesting to examine whether current American attitudes are similarly

positive. On the contrary, perhaps American attitudes toward the insanity defence are still negative. Making these comparisons would help to determine whether attitudes toward these defences have shifted over time, differ across locations, or both. Exploring these attitudes in regions other than Canada and the United States would surely provide meaningful information as well.

Conclusion

The findings of the present study suggest that, in general, members of the Canadian public do not believe psychopaths should be eligible for the NCRMD defence and that they are responsible for their actions, even though it seems that psychopathy is generally considered to be a mental illness. However, findings specific to the questions based on the news article highlight the fact that researchers may be able to alter these perceptions through publicizing their arguments in popular media. Due to the inherent relationship between public opinion and law, one should not underestimate the potential impact researchers can have on law and policy change through first targeting public opinion. That being said, the present study provides preliminary evidence that simply educating the public on the construct of psychopathy may help to reduce the influence of the current arguments for removing a psychopath's criminal responsibility.

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Appendix A:
Online Advertisement

Psychopathy and Criminal Responsibility Questionnaire

Looking for Canadians 18 years of age and older who are able to read and comprehend English fluently. Participants will be asked to answer several questions about themselves as well as their beliefs about psychopathy and mentally ill offenders. Participants will also read a short news article and answer questions regarding the story.

Takes about 30 minutes.

Participants will enter a draw for a chance to win a \$100 Tim Horton's gift card.

Appendix B:
Informed Consent Page

Project Title: Psychopathy and Criminal Responsibility Questionnaire

Principal Student Investigator:

Jordan Power, MA student
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Principal Investigator:

Dr. Angela Book, Associate Professor
Department of Psychology
Brock University (Ontario, Canada)
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INVITATION

You are invited to participate in a study. The purpose of this study is to investigate people's perceptions of psychopathy and criminal responsibility.

WHAT'S INVOLVED

As a participant, you will be asked to answer several questions about yourself. You will then answer questions about your opinions and beliefs about psychopathy and mentally ill offenders. You will also read a short news article and answer several questions regarding the story. Participation will take approximately 30 minutes.

POTENTIAL BENEFITS AND RISKS

Aside from the chance to win a \$100 gift card for Tim Horton's, participants will learn about psychopathy and the not criminally responsible on account of mental disorder (NCRMD) defence. The researchers will benefit from a greater understanding of how the Canadian general public perceives psychopathy and criminal responsibility. There may be risks associated with participation, as you might become uncomfortable due to the nature of the news article. However, such emotional discomfort is expected to be no greater than that experienced in everyday life by watching the news or reading a newspaper.

CONFIDENTIALITY

All information you provide is considered confidential; your name will not be included with your responses or in any other way associated with the data collected in the study. Furthermore, because our interest is in the average responses of the entire group of participants, you will not be identified individually in any way in written reports of this research. Data collected during this study will be stored for seven years on a password-protected computer in the forensic psychology laboratory at Brock University. Access to these data will be restricted to the two principal investigators in this study, Jordan Power (MA student) and Dr. Angela Book. Please note the Qualtrics is based in the United

States and therefore is subjected to American Homeland Security laws such as the Patriot Act.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study. Further, you may decide to withdraw from this study at any time. Please note that once the questionnaires are completed they are anonymous and therefore impossible to remove from the data should you wish to withdraw after completing your participation.

PUBLICATION OF RESULTS

Results of this study may be published in professional journals and presented at conferences. Feedback about this study will be available after September 2017. Participants who wish to receive information about the findings of this study at that time can email jp14ch@brocku.ca or abook@brocku.ca to receive a document outlining the results.

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact Jordan Power or Dr. Angela Book using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University [REB 16-013]. If you have any comments or concerns about your rights as a research participant, please contact the Brock University Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. If you like, you can print off a copy of this page for your records.

CONSENT

Please check off one of the boxes below:

☐ I agree to participate in this study described above. I have made this decision based on the information I have read in this Information Consent Letter. I have the opportunity to receive additional details and ask further questions by contacting the researchers or the Brock University Research Ethics Office. I understand that I may withdraw this consent at any time by simply exiting the questionnaire before I am finished.

☐ I do not want to participate in this study and wish to exit the questionnaire now.

Appendix C:
Online Survey

On which website did you see the advertisement for this study (e.g., Kijiji, Reddit, etc.)?
[Open-ended]

To be entered into the draw for a chance to win a \$100 Tim Horton's gift card, and to receive a debriefing email once data collection for this study has ended, please provide your email address here: [Open-ended]

Please note that your email address will not be associated with your responses. Further, all email addresses collected will be disposed of once the draw has been made and the winner has been contacted.

What is your age in years? [Open-ended]

What is your biological sex? [Open-ended]

What is the highest level of education you have received? [Open-ended]

What is your country of residence? [Open-ended]

Please read each statement about yourself and decide how much you agree or disagree with that statement.

- | | | | | |
|-------------------|----------|---------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
1. I would be quite bored by a visit to an art gallery.
 2. I plan ahead and organize things, to avoid scrambling at the last minute.
 3. I rarely hold a grudge, even against people who have badly wronged me.
 4. I feel reasonably satisfied with myself overall.
 5. I would feel afraid if I had to travel in bad weather conditions.
 6. I wouldn't use flattery to get a raise or promotion at work, even if I thought it would succeed.
 7. I'm interested in learning about the history and politics of other countries.
 8. I often push myself very hard when trying to achieve a goal.
 9. People sometimes tell me that I am too critical of others.
 10. I rarely express my opinions in group meetings.
 11. I sometimes can't help worrying about little things.
 12. If I knew that I could never get caught, I would be willing to steal a million dollars.
 13. I would enjoy creating a work of art, such as a novel, a song, or a painting.
 14. When working on something, I don't pay much attention to small details.
 15. People sometimes tell me that I'm too stubborn.
 16. I prefer jobs that involve active social interaction to those that involve working alone.
 17. When I suffer from a painful experience, I need someone to make me feel comfortable.
 18. Having a lot of money is not especially important to me.
 19. I think that paying attention to radical ideas is a waste of time.
 20. I make decisions based on the feeling of the moment rather than on careful thought.
 21. People think of me as someone who has a quick temper.
 22. On most days, I feel cheerful and optimistic.
 23. I feel like crying when I see other people crying.
 24. I think that I am entitled to more respect than the average person is.
 25. If I had the opportunity, I would like to attend a classical music concert.
 26. When working, I sometimes have difficulties due to being disorganized.
 27. My attitude toward people who have treated me badly is "forgive and forget".
 28. I feel that I am an unpopular person.
 29. When it comes to physical danger, I am very fearful.
 30. If I want something from someone, I will laugh at that person's worst jokes.
 31. I've never really enjoyed looking through an encyclopedia.
 32. I do only the minimum amount of work needed to get by.
 33. I tend to be lenient in judging other people.
 34. In social situations, I'm usually the one who makes the first move.
 35. I worry a lot less than most people do.
 36. I would never accept a bribe, even if it were very large.
 37. People have often told me that I have a good imagination.

38. I always try to be accurate in my work, even at the expense of time.
39. I am usually quite flexible in my opinions when people disagree with me.
40. The first thing that I always do in a new place is to make friends.
41. I can handle difficult situations without needing emotional support from anyone else.
42. I would get a lot of pleasure from owning expensive luxury goods.
43. I like people who have unconventional views.
44. I make a lot of mistakes because I don't think before I act.
45. Most people tend to get angry more quickly than I do.
46. Most people are more upbeat and dynamic than I generally am.
47. I feel strong emotions when someone close to me is going away for a long time.
48. I want people to know that I am an important person of high status.
49. I don't think of myself as the artistic or creative type.
50. People often call me a perfectionist.
51. Even when people make a lot of mistakes, I rarely say anything negative.
52. I sometimes feel that I am a worthless person.
53. Even in an emergency I wouldn't feel like panicking.
54. I wouldn't pretend to like someone just to get that person to do favors for me.
55. I find it boring to discuss philosophy.
56. I prefer to do whatever comes to mind, rather than stick to a plan.
57. When people tell me that I'm wrong, my first reaction is to argue with them.
58. When I'm in a group of people, I'm often the one who speaks on behalf of the group.
59. I remain unemotional even in situations where most people get very sentimental.
60. I'd be tempted to use counterfeit money, if I were sure I could get away with it.

To the best of your knowledge, please indicate whether each statement about psychopaths is true or false.

1. Psychopaths purposely flatter people to get them on their side.
2. Psychopaths are more tough-minded than other people.
3. Psychopaths are rebellious people.
4. Psychopaths are not likely to try to force someone to have sex.
5. Psychopaths are not tricky or sly.
6. It tortures psychopaths to see an injured animal.
7. Psychopaths enjoy doing wild things.
8. Psychopaths are not likely to attack someone with the idea of injuring them.
9. Psychopaths would get a kick out of 'scamming' someone.
10. Psychopaths feel sorry when they see a homeless person.
11. Psychopaths don't enjoy gambling for real money.
12. Psychopaths are likely to take hard drugs (e.g., heroin, cocaine).
13. Psychopaths find it difficult to manipulate people.
14. Psychopaths love violent sports and movies.
15. Psychopaths don't enjoy taking risks.
16. Psychopaths are not likely to shoplift from a store.
17. Psychopaths would never step on others to get what they want.
18. Psychopaths never feel guilty over hurting others.
19. Psychopaths easily get bored.
20. Psychopaths are likely to threaten people into giving them money, clothes, or makeup.

In Canada, the *not criminally responsible on account of mental disorder* (NCRMD) defence can be used to remove the responsibility of an individual who did something that would otherwise be considered criminal. In order to be considered for the defence, the defendant must have a mental illness, the mental illness must be deemed severe enough to impact the defendant's knowledge of the nature and quality of the act performed, and the defendant must also have been unaware of the wrongfulness of said act at the time it was performed.

After reading each statement, please select the number on the scale that comes closest to saying how much you agree or disagree with the statement.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree

1. I believe that people should be held responsible for their actions no matter what their mental condition.
2. I believe that all human beings know what they are doing and have the power to control themselves.
3. The NCRMD defence threatens public safety by telling criminals that they can get away with a crime if they come up with a good story about why they did it.
4. I believe that mental illness can impair people's ability to make logical choices and control themselves.
5. A defendant's degree of mental disorder is irrelevant: if the person commits the crime, then that person should do the time.
6. The NCRMD defence returns disturbed, dangerous people to the streets.
7. Mentally ill defendants who plead NCRMD have failed to exert enough willpower to behave properly like the rest of us. So, they should be punished for their crimes like everyone else.
8. As a last resort, defence attorneys will encourage their clients to act strangely and lie through their teeth in order to appear mentally disordered.
9. Killers without mental disorder can get away with their crimes by hiring high-priced lawyers and experts who misuse the NCRMD defence.
10. The NCRMD defence is a loophole in the law that allows too many guilty people to escape punishment.

11. We should punish people who commit criminal acts, regardless of their degree of mental disturbance.
12. It is wrong to punish people who commit crimes while gripped by uncontrollable hallucinations or delusions.
13. Most defendants who use the NCRMD defence are truly mentally ill, not fakers.
14. Some people with severe mental illness are out of touch with reality and do not understand that their acts are wrong. These people cannot be blamed and do not deserve to be punished.
15. Many of the criminals that psychiatrists see fit to return to the streets go on to kill again.
16. With slick attorneys and a sad story, any criminal can use the NCRMD defence to finagle his or her way to freedom.
17. It is wrong to punish someone for an act they commit because of any uncontrollable illness, whether it be epilepsy or mental illness.
18. I believe that we should punish a person for a criminal act only if that person understood the act as evil and then freely chose to do it.
19. For the right price, psychiatrists will probably manufacture a “mental illness” for any criminal to convince the jury that he or she is mentally disordered.

[The following questions were asked once before and once after the news article was presented.]

To what extent do you agree with the following statements?

1. Psychopathy is a mental illness.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

2. Psychopaths should be eligible for the NCRMD defence.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

3. Psychopaths are responsible for their negative actions.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

[The following questions were asked once before and once after psychopathy information was provided.]

Please answer the following questions based on the news article.

1. How responsible is the perpetrator for what he did?

Not at all responsible 1 2 3 4 5 6 7 Completely responsible

2. To what extent do you think the perpetrator has a mental illness?

Not at all 1 2 3 4 5 6 7 Completely

3. To what extent is criminal punishment necessary?

Not at all necessary 1 2 3 4 5 6 7 Completely necessary

4. What would a suitable consequence be? [Open-ended]

5. To what extent should the perpetrator be eligible for the NCRMD defence?

Not at all eligible 1 2 3 4 5 6 7 Completely eligible

6. What is the likelihood that the perpetrator will use the NCRMD defence?

Not at all likely 1 2 3 4 5 6 7 Extremely likely

7. How successful do you think the NCRMD defence would be in this case?

Not at all successful 1 2 3 4 5 6 7 Completely successful

8. How responsible is the victim for what happened?

Not at all responsible 1 2 3 4 5 6 7 Completely responsible

Appendix D: News Articles

Condition A: Mental illness


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Brandon King, 24, dies in downtown Toronto homicide

Man taken into custody, police say

By Charlotte Byrne, [CBC News](#) | Posted: Aug 1, 2016 2:38 PM ET | Last Updated: Aug 3, 2016 5:52 PM ET

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Toronto police have charged 31-year-old Spencer Hutchings with first-degree murder in relation to a man's death.

Brandon King was found dead in an undisclosed parking lot in downtown Toronto on the morning of July 29. It has since been confirmed that the cause of death was strangulation. Security cameras from a nearby facility captured Hutchings approach and attack the 24-year-old on the evening of July 28. Police believe the altercation occurred as King was returning to his vehicle after leaving work. No indication of a previous connection between the two men has been found.

Hutchings was subjected to a full psychological assessment once taken into custody. Experts have classified the man as a psychopath.

Dr. Joseph Prescott is a leading investigator of psychopathy. He comments, *"Just as with someone experiencing schizophrenia or bipolar disorder, it is not a psychopath's fault that he or she was born with that particular mental illness. Psychopaths have physical brain differences and any violent behaviours they may exhibit is the result of these differences."*

Hutchings is expected to make his first court appearance later this month.

Condition B: Not mental illness

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Brandon King, 24, dies in downtown Toronto homicide

Man taken into custody, police say

By Charlotte Byrne, [CBC News](#) Posted: Aug 1, 2016 2:38 PM ET | Last Updated: Aug 3, 2016 5:52 PM ET

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Dr. Joseph Prescott is a leading investigator of psychopathy. He comments, *"Psychopathy is not a mental illness and cannot be compared to conditions such as schizophrenia or bipolar disorder. Though psychopaths are at a greater risk of exhibiting violent behaviours, these behaviours are not predetermined and, most importantly, are not out of their control."*

Hutchings is expected to make his first court appearance later this month.

Condition C: Emotional deficit


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Dr. Joseph Prescott is a leading investigator of psychopathy. He comments, *"While psychopaths may not have the emotional capacity to feel guilt or shame for their actions, they do not lack the cognitive ability to understand what is right and what is wrong."*

Hutchings is expected to make his first court appearance later this month.

Condition D: No expert


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Appendix E:
Provided Psychopathy Information

While there is no universally agreed upon definition of psychopathy, most psychologists agree that it is a condition characterized by several traits, including lack of empathy, manipulateness, impulsiveness, and frequently engaging in criminal behaviour. Not only have psychopaths been found to have a drastically negative impact on work productivity, interpersonal relationships, and various other aspects of society, they also engage in high rates of violent crime, including homicide.

Appendix F:
Debriefing Page

**THE NEWS STORY YOU READ WAS FICTIONAL.
THE EVENTS DEPICTED IN THE STORY DID NOT ACTUALLY HAPPEN.**

Project Title: Psychopathy and Criminal Responsibility Questionnaire

Principal Student Investigator:

Jordan Power, MA student
Department of Psychology
Brock University (Ontario, Canada)
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Principal Investigator:

Dr. Angela Book, Associate Professor of Psychology
Department of Psychology
Brock University (Ontario, Canada)
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Research Feedback

Dear Participant,

Thank you very much for participating in this study. The general purpose of this research is to examine people's opinions of whether or not psychopathy is a mental illness and what this means in terms of a psychopath's criminal responsibility. We would also like to determine whether certain factors, such as knowledge of psychopathy, general attitudes toward the not criminally responsible on account of mental disorder (NCRMD) defence, or certain personality characteristics influence such opinions. Near the end of the study, you were assigned to read one of four fictional news articles, all of which were identical with the exception of an expert's opinion regarding psychopathy and criminal responsibility (the news articles in three of the conditions contained a quote from a fictional researcher, each with a different argument; one of the conditions did not contain a quote). The inclusion of the four conditions will allow us to examine how easily people's attitudes can be altered as a result of being exposed to different expert opinions on the intersection of psychopathy and criminal responsibility.

Now that we have more fully explained this research to you, we must ask you to please avoid telling anyone else about the details of this study and its purpose, if that person is also likely to take part in the study. Doing so may jeopardize the results because people might respond differently when knowing the research goals. This is why we did not tell you everything about this research until after you had completed this study.

If participation in the study has resulted in distress of any kind, you are encouraged to use an online search engine such as Google to find a local crisis counselling service. If you

do not have access to crisis counselling or a therapist, please consult your physician for a referral.

If you have any other questions or concerns, please feel free to contact the investigators. Results will be available after September 2017. We can only provide group averages and overall results, not personal information, because all data will remain confidential.

If you like, you can print off a copy of this page for your records. Thank you again for your participation!